

Enni Jemina Stöd

ELDERLY CARE "CRISIS" DISCOURSE IN FINNISH MEDIA IN JANUARY 2019

Case study of the residential care facility Ulrika in
Kristiinankaupunki

Tampere University
School of Social Sciences and Humanities
Comparative Social Policy and Welfare
Master's Thesis
January 2020

ABSTRACT

Enni Stöd: ELDERLY CARE "CRISIS" DISCOURSE IN FINNISH MEDIA IN JANUARY 2019

Master's thesis, 59 pages

Tampere University

Comparative Social Policy and Welfare

Supervisor: University Lecturer Noora Ellonen

March 2020

Vast changes have occurred in the field of residential elderly care provision. Privatization of the legally mandated care services has changed the outlook of elderly care provision. From January 2019 onwards the media has brought into public attention cases of suspected serious malpractices and neglect in different parts of Finland. The incidents have occurred in care facilities operated by private companies. The incidents have been labelled an elderly care crisis in the media.

The purpose of this research is to analyze the media presentation of the care crisis. Critical discourse analysis is conducted using the sociosemantic inventory framework by Van Leeuwen (1990). The focus is to identify and analyze the presentation of different social actors of the care crisis in order to determine the role allocation of social actors and to see which social actors get emphasized in the media discourse. Media studies are important, because media is a very influential actor in society, shaping perceptions about the things people do not experience themselves. Media articles from two news media outlets, Yle and Ilkka are analyzed. This is a case study focusing on the case of the care facility Ulrika, which is located to Kristiinankaupunki and operated by the private company Esperi Care. The case of Ulrika was also the first one appearing in the media, therefore starting the timeline for crisis reporting in the media.

The articles analyzed clearly demonstrate that the active, emphasized roles are allocated for governmental and municipal, high ranking authorities and officials. They appear the most often and as a rule in expert roles. Politicians and company representatives from Esperi Care are also given a lot of time and space in the media discourse, but the legitimacy of their actions get also questioned in some instances. The straight forward excluded or clearly passivated roles are allocated to family members, care workers and the elderly residents. The most insignificant roles in the media are given to the people who have experienced the care crisis themselves, the care workers and the elderly residents.

The media reporting about the care crisis allocated very uniform roles for the different social actors in all of the articles analyzed. Professional expertise seems to be the factor giving an individual time and space in the media reporting. The de-emphasized roles of the care workers and the elderly residents could possibly tell about the lower professional qualifications and perceptions about lesser abilities.

Keywords: elderly care, crisis, media analysis, social actor analysis, privatization, care work

The originality of this thesis has been checked using the Turnitin Originality Check service.

TABLE OF CONTENTS

1. INTRODUCTION.....	3
2. CONTEXTUAL BACKGROUND	5
2.1. Demographic change and age structure in Finland	5
2.2 History and present of elderly care provision	7
2.3 Current challenges in care work.....	9
2.4 The response of labour unions towards the crisis	11
3 THEORETICAL BACKGROUND.....	13
3.1 Care scandal media studies from Sweden	13
3.2 Defining crisis in connection to media and ageing	17
3.3 Concept of care and care work	20
3.4 Privatization of elderly care services	23
3.5 Care worker's experiences from residential care facilities in 2015	27
4 METHODOLOGY.....	29
4.1 Aim of the study.....	29
4.1.1 Critical discourse analysis and media studies	29
4.1.2 Van Leuuwen's concept of sociosemantic inventory (1990)	31
4.1.3 Case study method	34
4.2 Data collection	35
4.3 Data analysis process	36
5 ANALYSIS.....	37
5.1 Characteristics of social actor presentation	37
5.2 Individual article analysis	44
5.3 Social actors in the elderly care crisis of 2019.....	49
6 DISCUSSION AND CONCLUSIONS	57
REFERENCES.....	60
ATTACHMENTS	68
1. Articles in the data pool.....	68
2. The example article translated.....	71

1. INTRODUCTION

From 2019 onwards, there has been a spate of concerns in the care of the elderly in private residential care facilities. Neglect in the legally determined care standards has been publicised in different parts of Finland. The media has been extensively reporting about suspected lowered care standards and even malpractices in the private elderly care facilities. The timeline for the crisis in the media began in January 2019 in Kristiinankaupunki, from an elderly care facility run by a large, private company called Esperri Care. Esperri Care was ordered to stop running the care facility by Valvira (National Supervisory Authority for Welfare and Health) and the city of Kristiinankaupunki took responsibility for running the place. Valvira reported that they needed to intervene due to numerous complaints of malpractices, too few workers working on the shifts and a suspected death case investigation due to malpractice in autumn 2018. (Yle, 2019.)

The second big case occurred when Attendo, a large private care provider opened an elderly care facility called Pelimanni in Alavus. Pelimanni care facility was a home for 49 elderly residents in need of intensive care. On the 8th of February, the Regional State Administrative Agencies (AVI) ordered the elderly care facility to need to discontinue operating immediately. The reason behind this was that in less than a month six elderly residents had died from unknown causes. There is an ongoing criminal investigation in whether the deaths were caused by malpractices or neglect in care. Additionally, during the same time period 10 workers had resigned. The Regional State Administrative Agencies were informed that the carers had been working understaffed for the entire time in Pelimanni. (HS, 2019.) Before 16th of February 2019, Valvira (National Supervisory Authority for Welfare and Health) had received more than a hundred new, official complains concerning elderly care. The supervising authorities from Valvira note that the suspected malpractices seem to be more concentrated in the private care provision side. The issues revolve around too few employers working in the shifts and care workers needing to complete many other additional tasks not connected to the actual caring of the residents. Care workers and family members have been feeling pressured not to complain about the possible experiences of malpractice and neglect. (Yle, 2019.)

The elderly care crisis in Finland is a relatively current phenomenon and there are no existing media studies about it yet. Taking into consideration the very similar experiences from Sweden from 2011 onwards, we can add depth to our perception about the Finnish crisis in care in 2019 by seeing that the developments are not an unique phenomenon.

A large scale elderly care scandal was widely discussed in the Swedish media starting from 2011. In comparison to the Finnish case, most of the Swedish media publications call the problems in elderly care services a scandal, instead of a crisis. To set an example of the Swedish care scandal, Radio Sweden reported about problems in a care facility in Stockholm owned by a private company Carema in November 2011. The article lists issues such as poor hygiene standards that have led to amputations in most extreme cases, dementia patients being locked into their rooms and censored complains from the staff members as well as accusations of abuse from the family members of the residents. There has been an external investigation to the care facility that raised many points of concern, as the government officials have appeared to lack information about the conditions in the care facilities. (Sveriges Radio, 2011.)

Previous research about care scandals from Sweden and other countries indicate that media has the capacity to influence not only their readers but also the societal conception's about issues and even policy-making and legal decisions (Jönson, 2014; Lloyd, Banerjee, Harrington, Jacobsen & Szebehely, 2013). Therefore, it is also meaningful to employ a critical discourse analysis study about the care crisis discourse of 2019 in Finnish media. This study responds to the need of media analysis about the elderly care crisis. This media analysis is looking into the first week of the crisis reporting during the time period of one week from the 25th until the 31st of January in a form of a case study. The case study concerns the media reporting about the residential elderly care facility Ulrika operated by the private company Esperri Care in Kristiinankaupunki, Ostrobothnia. Van Leeuwen's concept of sociosemantic inventory (1990) has been selected from the variety of discourse analysis frameworks and it is applied to conduct a social actor analysis to the care crisis reporting in two chosen media outlets; Yle news and Ilkka. This research aims to answer the question of which social actors are present and emphasized in the media discourse about the elderly care crisis in January 2019 concerning the care facility Ulrika?

Van Leeuwen's concept of sociosemantic inventory has been previously used for analyzing social actors in conflict and war reporting (Amer, 2017; Rashidi & Rasti, 2012). The concept is suitable for a study of a care crisis too, because the conflicting interests of different parties in the crisis media discourses are clearly observable, like in conflict and war reporting too. Van Leeuwen's concept of sociosemantic inventory as a framework for conducting critical discourse analysis about media discourses enables us to observe the connections between language use and social power (Amer, 2017).

2. CONTEXTUAL BACKGROUND

The contextual background section aims to explain the circumstances in what kind of society the elderly care crisis occurred. Discussing elderly care provision in this day and age, there is a need to acknowledge the changes in the demographic structures of many post-industrial societies that influence the welfare state and may subvert the principles of solidarity between different generations (Dumas & Turner, 2009). A brief outlook to the history of elderly care provision as well as the current legal regulations is provided. Highlighting the existing official requirements enables us to observe the contrast between elderly care provision on paper and in a practical case of a care facility. Some of the current challenges in care work are discussed, especially the worry connected with the prevalence of cognitive and memory disorders. Finally, the responses from the labour unions are considered here. Labour unions have taken active stances in the elderly care crisis demanding better working conditions for the care workers. Labour unions are important, established actors in Finnish society. The labour union density in Finland in 2016 was 64,6% (OECD, 2016).

2.1. Demographic change and age structure in Finland

Ageing populations and changes in the compositions of populations in the European Union member states are occurring. The relative share of the elderly in the populations has increased as life expectancies are getting longer and simultaneously the birth rates are falling. Population ageing means growth in the number and proportion of older persons in the population. (Official Statistics of Finland, 2018.) The elderly people today are a very diverse social group with varying physical abilities. Physical health of the elderly part of the population is very much a varying factor. Some elderly people are able to stay active at the labour market for longer and in other life arenas remain active members of the society too. Some elderly people require of institutional care and varieties of other social services. Changes in age structures of societies are often crucial factors steering policy design and implementation. (Eurostat, 2017.)

Finland has one of the oldest populations in the European Union member states (Finnish Institution for Health and Welfare, 2019). In Finland in 2018, the elderly dependency ratio was 32 of the total dependency ratio of 57.9 (IndexMundi, 2018). The proportion of the people aged 65 and older was 21% of the whole population in 2017 (IndexMundi, 2017). The proportion of people aged 65 or older will increase further to 26 percent by the year 2030 and to 29 per cent by the year 2060 in the population (Finnish Institution for Health and Welfare, 2019). The number of working-aged people

(here people aged between 15 and 64) in Finland has decreased below a point of 100 000 people during the last eight years. The estimation by Statistics Finland (2018) assesses that the number of working-aged people will decrease by further 57 000 persons by the year of 2030. These developments will result in an increasing demographic dependency ratio. The demographic dependency ratio is expected to be 81 in the year 2070. (Official Statistics of Finland, 2018.) Here we must note the fact that the economic term dependency ratio does not directly refer to the balance of working-aged and elderly population, but provides the numbers of persons who are outside of the labour market (because of being, for example, unemployed, on pension or a child) per one person who is active at the labour market. (Tilastokeskus, 2019.)

Figure 1. Population structure in Finland in 1917 and 2018. (Source: Statistics Finland, Population Structure, 2018)

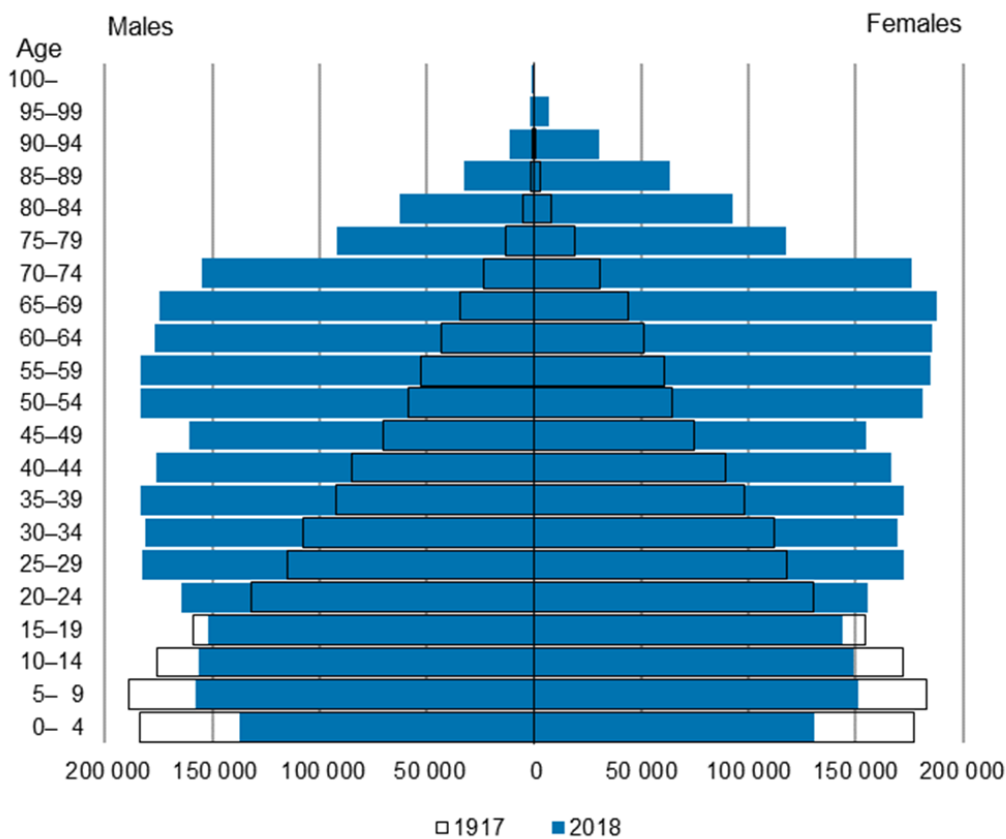


Figure 1 visually demonstrates the change occurring in the age structure. When the age pyramid becomes upward widening and we acknowledge the fact that birth rates are decreasing, it is inevitable that less working-aged people will be supporting an increasing ratio of elderly people. The population pyramid of Finland has a very typical shape for a country with decreasing birth rates and ageing population structure. In figure 1, we can notice the post-war baby boomer trend which took place between the years 1946 and 1949. The largest age groups in Finland are people aged between 50 and

75. (Statistics Finland, 2007.) The baby boomer generations becoming of old age will increase the need for care services too (Finnish Institute for Health and Welfare, 2019).

Finland is a country where the birth rates have been decreasing and simultaneously life expectancies lengthening. According to the estimation of Statistics Finland from 2018, 2035 will be a point where the population is expected to start to turn to decline. (Official Statistics of Finland, 2018.)

Due to the age structure and the intensity of demographic change, there is a pressing need to find new solutions to the care dilemma of the rapidly ageing society. There is a European Union level initiative to develop integrated policies for ageing societies. The Joint Programming Initiative (JPI) "More Year, Better Lives – The Potential and Challenges of Demographic Change" focuses on finding solutions in policy developments in ageing societies. JPI is an initiative where 17 European Union member states, as well as Canada and Israel, aim to find new sustainable solutions for welfare and health policies in ageing societies. (THL, Finnish Institute for Health and Welfare, 2019.)

The Ministry of Social Affairs and Health (2019) in Finland affirms that the country has been preparing for the ageing society and the increasing numbers of elderly citizens. The main tools proposed by the Ministry to address the issue of changing age structure are the promotion of health, mobility and well-being. The aim is to work with a preventive approach to increase the number of active working years and delay pensions. The goals for the ageing society are high employment rates, hence stable tax income that can support sustainable social security funding as well as healthier citizens supported by efficient health and social care services. These goals have been listed as the essential factors by the ministry to address the issue of demographic ageing in the Finnish society. (The Ministry of Social Affairs and Health, 2019.)

2.2 History and present of elderly care provision

Unlike health and social care services for children and families, which seem truly modern in Finland, the legacy of poor relief tradition is still recognizable with elderly care services today. Elements that have had a strong influence in the foundations in the services for the elderly include the past as an agrarian society, persisting large-scale poverty and some characteristics from the nationalist movements. The municipalities became the principal providers of elderly care according to the poor law tradition. Finland has a history of being part of the Kingdom of Sweden and later the Russian empire. Therefore there was always a foreign authority and elite. The elite class was very small and the large part of the population, the common people, were lacking many basic resources and even

food. Women needed to work alongside the men. There were severe famines in the 1860s which were national disasters but also gave way to collective action culturally. The need for more organized poor relief services was acute. A situation like this encouraged a nationalist movement that insisted solidarity amongst all Finnish people. During this period, the idea of a state where all the people would be represented came into existence. (Kröger, Anttonen & Sipilä, 2003.)

The old practice for organizing care for the elderly was based on contracts made with farmers to care for the dependent elderly people and orphan children. After the 1860s the construction of poor houses started. First, they were "workhouses", harsh places to live in for the unfortunate ones that had nowhere else to stay. In the workhouses, you needed to pay for the care services by working. The practice of mixing all different disadvantaged social groups in the workhouses created problems. The 1922 poor law reform transformed the workhouses into municipal homes, where an increasing part of the elderly population lived. The state and charity organization were responsible for other forms of social care. Voluntary sector was first setting up the social care services and later the services were adopted by the government. Afterwards, the public sector took on the responsibility to provide social care services. Voluntary sector consisted of both working-class self-help initiatives and bourgeoisie (mainly) wives organizations. Voluntary sector worked closely together with the public sector. Therefore also the perceived gap between government and citizen remained small. After the Second World War, which was another national crisis, Finland became very responsive to the Scandinavian model of social democracy which included the underlined state role as the principal or even sole welfare provider for all the citizens. (Kröger, Anttonen & Sipilä, 2003; Köyhäinhoitolaki 145/1922.)

Pension law for the public servants was introduced in 1927. Public pension law for all the citizens was a large scale social reform that was passed in 1937. The same year Kela, the Finnish national social security institution was founded. (Remahl, Kukko, Louhio, Silventoinen, Kämäräinen, Astre & Haapamäki, 2017.) After the Second World War there was a shift in elderly care more towards family responsibility again. Elderly people who did not live in municipal homes were predominantly cared for by their families. After the 1950s the state urged the families of the elderly to take on the main responsibilities for both care duties and financial support. In the 1970s the legal obligation for adult children to care for their elderly parents was removed, and the elderly were provided with both social and financial support by the state. (Kröger, Anttonen & Sipilä, 2003.)

Municipalities in Finland are legally required to provide social and health care services. These services are mandated by the Primary Health Care Act (66/1972), the Act on Specialized Medical Care (1062/1989), the Health Care Act (1326/2010) and the Social Welfare Act (710/1982). Residential elderly care is mandated by the Social Welfare Act. The Social Welfare Act was reformed

in 1980. The central content of the reform of 1980 is that the municipalities are free to organize social and health care services in their preferred way; either by themselves or by buying the services from a public or private care provider or by giving out service vouchers. Using service vouchers the residents of a municipality can purchase health and social care services from a private provider and the municipality commits to reimburse for their purchases. The use of service vouchers was made possible in 2004. The service vouchers for the elderly most often include services such as home help and cleaning as well as services for the informal carer's to take some legally mandated time off for vacations from their care responsibilities. (Anttonen & Häikiö, 2011.)

Another legal change in 1993 shifted the responsibility of care provision more distinctively from the state to the municipalities by removing the earlier designated state subsidies for social care services. The municipalities gained the main responsible role for organizing services and also the right to determine how to arrange and produce them, including a range of private care provision options. Privatization and informalization of care services became possible after these reforms. (Anttonen & Häikiö 2011.) This is privatization in the sense that Huhtanen and Anttonen (2012) define the term: social and health care services that are legally required from a municipality are organized by signing a trade contract with a private service provider, or by a municipality committing to reimburse for the vouchers that are used for a private service provider accepted by the municipality. According to the Constitution of Finland (731/1999), the privatizing of health and social care services is not permitted to affect the quality of the services. The municipality is responsible for ensuring that the quality of services will be adequate before deciding to purchase services from the private sector and additionally to observe the quality of services regularly afterwards (Constitution of Finland 731/1999).

2.3 Current challenges in care work

Working in lawless conditions due to understaffing as well as budget cuts and privatization are large scale problems in the field of care work, but there are other challenges too. Kröger, Aerschot & Puthenparambil (2018) find that the numbers of residents in care having dementia, other memory disorders and/or cognitive declining are increasing according to the interviews conducted during their comparative research with care workers in the Nordic countries. Residents with dementia, memory disorders and/or cognitive declining require more intensive care compared to the residents experiencing normal ageing processes. In 2015 a high percentage of 90% of care workers in the Nordic countries replied that more than half of the residents in care are suffering from dementia, memory disorders or cognitive declining. (Kröger, Aerschot & Puthenparambil, 2018.)

World Health Organization (2019) lists dementia and other memory disorders as the main factor causing disability and dependency amongst elderly people. More than 50 million people are suffering from dementia globally and there are more than 10 million new cases annually. Dementia causes deterioration in a wide range of cognitive functions beyond what is expected as part of the normal ageing process. The trend of demographic ageing in the European context highlights also the urgency of the challenge of increasing numbers of elderly people experiencing age-related cognitive declining or other neurocognitive disabilities in need of care. (Ienca, Shaw & Elger, 2018.)

In Finland, there are currently 200 000 people living with a diagnosis of progressive memory disorders. The same amount of people suffer from difficulties with cognitive skills. More than 7000 of the people living with memory disorders got diagnosed already before they reached retirement age. Memory disorders often cause a range of symptoms that result in many challenging behavioural manners. People suffering from memory disorders may appear to be lost, confused or scared. They might have very rapid and unexpected reactions to things because the ability to understand words and process emotions is deteriorating. People with memory disorders might be escaping, leaving places without permission and get lost as a result when they only mean to go outside or run some errands. Loss of memory often causes feelings of unsafety. Constant feeling of unsafety can lead to depression, repetitive symptoms, anxiety, restlessness, seemingly aimless wandering around or even visual or auditory illusions. Behaviours that seem problematic for a family member or carers are often the means of survival for people suffering from memory disorders and they therefore slowly lose control of their own lives. It is crucial to know the personality, preferences, habits and life history of a person who falls ill with a memory disorder. Safe and stable care with established routines becomes increasingly important. People with memory disorders might be very scared of routine care tasks such as being assisted with maintaining personal hygiene or being given medication. Quick turnover of staff and new people, in general, might be extra challenging for people suffering from memory disorders. There is a need to be extra attentive when caring for people with memory disorders. People with memory disorders often need assistance with communication and increasing amount of support in various areas of life. People suffering from memory disorders are often burdened with blame due to the difficult characteristics caused by the disorders. (Suvisalmi, 2019.)

Ienca, Shaw & Elger (2018) also propose including practices of cognitive enhancement treatments to the public elderly health care at present and in the future. Modern cognitive training methods are invented as advancements are taking place in the fields of cognitive neuroscience and clinical neurology. Cognitive enhancement treatments and training methods can be used to support and

maintain the abilities of the memory, sensory, language, perception and attention skills of people suffering from cognitive declining. (Ienca, Shaw & Elger, 2018.)

Patient safety defined by the World Health Organization in a simple form is to prevent errors and adverse effects on patients in the context of health care. WHO notes that health services today are dealing with a lot of older and sicker patients. Economic pressures and budget cuts are a globally rising trend in health care environments, causing the care environments to become strained and employers working under greater pressure. (WHO, 2019.) Care and the ways of organizing care tell us a lot about the values and norms of our societies. How to ensure a dignified and meaningful life for the ones in need of care is the one of the central questions for social policy. (Anttonen, Valokivi & Zechner, 2009.)

2.4 The response of labour unions towards the crisis

SuPer, the labour union of practical nurses (Suomen lähi- ja perushoitajaliitto ry) has taken an active stand concerning the current problems in elderly care services in connection to the elderly residents and the care workers employed at the private care facilities. Their main claim is that good elderly care can not be just "storing" the elderly people in the care facilities. A sufficient amount of trained and skilled care workers present in all the shifts ensures safe and good quality elderly care. The labour union opposes the practice where untrained workers, such as care assistants (they do have training but not a full practical nurse qualification) get calculated to the total sum of care worker staff number in shifts. The Union has presented a demand that a sufficient amount of care workers in all the shifts needs to be a legally determined standard with concrete sanctions to the care providers who operate care facilities understaffed. The labour union is campaigning for sufficient numbers of staff and demand surveillance for the actual staff numbers present in care facilities. (SuPer, 2019.)

Additionally, SuPer union has launched another campaign too: "Ilmianna haamuhoitaja" (Denounce a ghost care worker) where the aim is to encourage care workers to report about situations where they are working in unsuitable conditions due to their workplace being understaffed. The Union declares that understaffing is a huge problem in the fields of social- and health care as well as child care. The Union claims that there might be names of people who worked in the facilities previously or completely invented names in the employee rosters as an attempt of the employer to dissolve the problem with very low staff numbers in official records. The "ghost workers" are not really working at the shifts when the rosters claim that they are. As a solution, the union offers a practical tool for

their members; a printable online form where the lawless working conditions can be easily declared and reported. There are instructions on how to deliver the form to the labour union, to the employer and further to the Regional State Administrative Agencies if necessary. The union encourages members who report lawless working conditions also to talk to the health and safety representatives of their working place. The labour union also offers promotion of interests and legal aid and support if the employer threatens the employee who made a report and received any consequences. (SuPer, 2019.)

SuPer Union (2019) demands that the minimum number of care workers needs to be raised to 0,7 with every elderly person in care. The current legal requirement is 0,5 mandated by the Law for Health- and Social Services for the Elderly and Supporting the Abilities of the Elderly (28.12.2012/980). The Union claims that in care facilities where there are a lot of residents with dementia, cognitive decline or other health issues demanding more intensive care then the number of care workers needs to be higher in order to achieve safe circumstances and good quality care for all the residents in care. Private care service providers are granted permission to operate by the Regional State Administrative Agencies or by the National Supervisory Authority for Welfare and Health. The permission to operate should always include a required minimum staff number based on the intensity of care needed. (SuPer, 2019.)

Tehy, the largest labour union of social- and health care sector published a press release in August 2019, demanding actions from private care companies, municipalities and the state to resolve the still ongoing crisis in care of elderly people. Tehy union directly argues that privatizing elderly care services in the current style is a faulty practice causing many complications. The union presses the same point as SuPer union; the need for intensive care and also for terminal care needs to be considered when deciding the number of care workers needed in a care facility. Tehy union also demands better salaries at the private care sector (as they currently are set at a lower level compared to the public care sector) and the right for qualified care workers to engage in actual care work, not in assisting tasks as well as improvements in management practices at the care facilities. Tehy union finally remarks that there still are private elderly care facilities that offer good quality care despite the public discussions about the crisis. (Tehy, 2019.)

It is of particular interest that the labour unions have been taking strong positions concerning the crisis in care, as labour unions have been historically powerful actors in Finland. Labour unions often mediate the conversations between employees and employer in trying to ensure good, fair and safe working conditions for all the workers. (SAK, 2019.)

3 THEORETICAL BACKGROUND

The theoretical background section introduces previous studies connected to elderly care crises and care work. In absence of studies about the elderly care crisis of 2019 in Finland, the framing analysis study conducted by Jönson (2014) about the elderly care scandal in Sweden of 2011 and a comparative analysis on elderly care media scandals in Canada, Norway, Sweden, the United Kingdom and the United States conducted by Lloyd, Banerjee, Harrington, Jacobsen and Szebehely (2013) here concentrating on the Swedish case. The concept of crisis in connection to media and ageing is defined as well as the concepts of care and care work. Privatization of care services is a notable development taking place in the Finnish welfare state. Increasing power of the private sector, decreasing public responsibility, tightening social spending and aiming for more cost-efficient service solutions as well as the emphasis on individual responsibility are some of the development that has taken place in the Finnish welfare state since the 1990s (Juttila, 2011). These are important aspects to acknowledge, as the problems taking place in elderly care facilities that have been highlighted by media have taken place in private care facilities. Kröger, Van Aerschot and Puthempambil (2018) conducted a comparative study about care workers experiences in the Nordic countries. The experiences of Finnish care workers in the residential care facilities provide very interesting contents to the subject of media care crisis study.

3.1 Care scandal media studies from Sweden

During the elderly care scandal in Sweden, the role of media was emphasized by claiming that it would be capable of revealing the conditions in the care facilities and bringing them into the public discussion. In Sweden, there is no legally required minimum staff number per resident in care but instead, the municipalities get to determine an acceptable standard. In light of the media publications about the elderly care scandal, some critics have questioned using public funds for private care providers to arrange elderly care services. (Sveriges Radio, 2011.) A very intriguing idea is that when there is a similar case from recent history (2011) from a country such as Sweden that has organized its welfare provision among similar principles as Finland, why was there no social learning from the infamous example set by the Swedish elderly care scandal? The Swedish care scandal had an extensive media coverage that resulted in a heated public discussion, which can be seen occurring with the Finnish crisis in care too. The events in Sweden in 2011 and Finland in 2019 even involve

some same actors. The largest private for-profit company in both Finland and in Sweden called Attendo has been receiving a lot of critique due to its practices in both of the countries. (Szebehely, 2018.)

With no existing media analysis concentrated studies from Finland from 2019, it is meaningful to look at the media analyses about the Swedish elderly care crisis through previously published literature. Jönson (2014) conducted a framing analysis about the elderly care scandal in Sweden. He analysed media articles, television and internet debates and documentaries, court hearings and expert interviews from organisations working with the prevention of elderly abuse. Jönson (2014) claims that studying media reporting is very important because very often conclusions are drawn from the frequently scandal seeking media reporting, which may, in fact, have quite little to do with facts about the observed phenomenon. How a phenomenon is described in one arena (here, in the media) affects on how the phenomenon gets described in other circumstances too such as court hearings and expert statements. Therefore the media can create impressions and terms capable of travelling. Jönson (2014) outlines, that even though his study takes place in the Swedish context, the approach is relevant for studying care scandals in other countries.

Bearing in mind the special interest towards social actor analysis of this paper, it is noteworthy to see how Jönson (2014) describes the scandalous aspects of media reporting often connecting the personal moral character of the social actors who were directly involved with the suspected mistreatment, in a form of possibly portraying and condemning them as perpetrators. This kind of media scapegoating concerns most often staff members, the care workers. Blaming the care workers for the incidents in care facilities can have an effect of taking the attention away from how care gets organized and other factors that are possibly affecting the quality of care. Jönson (2014) acknowledges this in his analysis as the "staff-centred frame", where he identifies the possible connection between troublesome working conditions and low status of care workers with the possible mistreatment cases of the care recipients.

Jönson (2014) identifies also a "market-critical frame" consisting of two possible versions. The scandal in elderly care can be seen as deriving from either a political-ideological controversy in introducing marketisation in care as an alternative to the established welfare state care provision monopoly. Another possible viewpoint is to see the issue as a political-administrative issue, namely as the state's inability to have control over the market or the provision of care. Both of these explanations entail the media scandal possibility of seeing big corporations being against the "little people". (Jönson, 2014).

"The populist frame" sees the problems of elderly care quality as deriving from a resource allocation imbalance between the deserving and the non-deserving groups in need of care services and public resources. Through this frame, the care scandal is seen as a phenomenon, where the deserving elderly people who have built the society, worked and paid their taxes are mistreated. The public resources are used to benefit the non-deserving groups such as immigrants. The power elite is to blame for the faulty use of public resources as well as the immigrants who are blamed for cheating the welfare system according to common populist rhetorics. (Jönson, 2014.)

As a conclusion to his framing analysis, Jönson (2014) introduces a missing frame. "Ageism as the problem or the anti-ageism frame" would enable us to place the elderly care recipients who have faced mistreatment to the centre of the public discussion. In the light of this frame, care scandals could be seen as deriving from the power imbalances between younger and older generations and the cultural conceptions of elderly people as being dependent due to their frailness. These power imbalances and cultural conceptions cause elderly people not to have rights to full social citizenship like younger generations do and therefore it becomes acceptable for them to receive lower-quality care. A possible solution to care scandals could be identified using this frame; differences in care based on the age of the care recipients should be erased, discrimination of certain age groups should be made visible and social movements should take firm action to empower older age groups. (Jönson, 2014.)

According to Jönson (2014), all the other frames used by the media and identified during the data analysis take attention away from the very core of the elderly care scandal - the need to recognize full social rights for the elderly people in the society. Jönson (2014) argues that the focus in media reporting should be about the elderly people and their rights, not trying to find some actors or societal structures to blame for the mistreatments.

Lloyd, Banerjee, Harrington, Jacobsen and Szebehely (2013) conducted a comparative analysis of elderly care media scandals, their causes and consequences in five different countries; Canada, Norway, Sweden, the United Kingdom and the United States. Lloyd et al. (2013) are especially interested in how media scandals influence welfare policymaking. The comparative case study method was implemented to conduct an international comparison on how the residential care malpractices surfaced in the media, how media reported about them, what made the reporting scandalous and how the media scandals can create consequences for residential care policies. Lloyd et al. (2013) claim that it is important to study media because it has the power to influence policies and thereby the living conditions of elderly people in real life too. Criteria for the case selection was that the quality of care for residents or the working conditions for care workers had been causing

serious concerns or if the case was significant enough to alter either public perceptions or care policy agendas. (Lloyd et al., 2013.)

The Swedish case included in the comparative study was a residential elderly care facility Koppargården in Stockholm, operated by a private care company called Carema. The events according to Dagens Nyheter (DN) newspaper in 2011 and included in the analysis of Lloyd et al. (2013) included inadequate staff numbers concerning the numbers of registered nurses, malnourishment of elderly residents and unusually high numbers of death cases. Dagens Nyheter also published an article about a family who had been paid by the Carema company not to talk about the circumstances about the death of their deceased family member who lived in the residential care facility. After the case of Koppargården care home emerged in the media, many other care homes received notably amounts of media attention around the country. Care facilities that received media attention were mainly operated by private companies Carema and Attendo. One month after the case of Koppargården appeared in the media, local politicians terminated the contract with Carema and the municipality took responsibility for the care facility. Further outsourcing efforts of care services were put on hold and several criminal investigations concerning the events in Koppargården started. (Lloyd et al., 2013.)

After the scandalous reporting, the media received a lot of criticism for raising concerns about the quality of private care provision. Whether the elderly care scandal events were exaggerated in the media or not, the result was that for the first time the for-profit ownership of residential care facilities made it to the political agenda discussions. The Swedish Trade Union Confederation and the Social Democratic Party have taken critical stances towards for-profit care provision and marketisation of care services after the media scandal. (Lloyd et al., 2013.)

Lloyd et al. (2013) conclude in questioning the notion that the increased portion of for-profit ownership in residential care facilities increases efficiency and allows financial savings to public budgets considering the ageing populations. Instead, Lloyd et al. (2013) indicate that often privatization, budget savings and efficiency maximation creates disadvantages for the residents in care, their families and the care workers employed in the facilities. The roles of governments was a contradictory factor in all of the cases analyzed. Governments and municipalities are in most cases closely tied to the for-profit care providers by outsourcing legally mandated services or funding private care corporations. Media often tends to highlight the public responsibility in the care of the elderly people and press for public solutions as responses to the market failures occurring as care scandals. The decisions of journalists to investigate and report about certain phenomena is a central factor in how media scandals are created. In some of the cases of the study by Lloyd et al. (2013) the

families of residents and even local authorities were aware of the suspected malpractices, but no action was taken prior to the media scandals emerging. Media must be seen as a powerful actor in societies, capable of stimulating public discussions and affecting policy-making too. These factors; the for-profit care companies, large nursing home corporations and conflicts about the role of the state were similar in all the cases analyzed from the different countries. In all the cases analyzed, the first reports were just the tip of an iceberg and later a lot more cases were revealed and written about in the media. In Sweden and in Norway the state response was more surprised and more firm actions were taken compared to the Anglo-Saxon countries, where mainly more government regulations were discussed. Learning about media scandals is important so that further residential care malpractice waves could be avoided by policy improvements. (Lloyd et al. 2013.)

3.2 Defining crisis in connection to media and ageing

Crisis as a term is used very broadly to describe very different situations. There is the "financial" crisis, the "food" crisis, the "energy" crisis and the "mid-life" crisis among many others. The common factor for all of these crises is that all of them entail danger and opportunity, at least to some extent. Crisis often gets defined as a turning point, from where things can develop for the better or the worse. (Cooter, 2009.) Bollnow (1966) describes the word crisis as a process taking place in personal or communal life. Word crisis refers to a series of events that are unusual and risky, dangerous or serious from their nature. Crisis always exists with the possibility to lead up to a catastrophe. Nevertheless, not all crises result in catastrophes. Overcoming a crisis or recovering from a crisis are also possible outcomes. Overcoming or surviving a crisis usually brings great relief and comfort. Overcoming a crisis entails a new level of social learning or knowledge that is only reachable by passing through the crisis. Therefore every crisis has the potential to lead to catastrophic consequences or greater knowledge and understanding. Word crisis derives from a Greek word *krinein*, which holds the meaning to separate or to purify. (Bollnow, 1966.)

Becoming of old age can also be seen as a crisis. Ageing is a natural process from the life cycle point of view, but becoming of old age includes many qualities that can be regarded as crises. The confrontation with death and accepting one's mortality, fading physical abilities and sometimes also physical pains or changes in cognitive capacities can burden an ageing person to a point of a crisis. Becoming a burden for others due to need for care can also be connected with the crisis of ageing. All these processes connected with ageing can be regarded as the dark features in ageing. Fittingly, the classic but still relevant gerontological question is how to ensure good lives for the elderly in

sense of good care, housing, economic support and entertainment? Additionally, the elderly also need to feel a sense of meaningful fulfilment as part of the natural ageing process (Bollnow, 1966). The residential housing arrangements directly affect an older person's quality of life, health, social relations, well-being and the experienced meaningfulness of life. Social and physical environments can be very much enabling and empowering for older people, but on the contrary, also disabling. (Bridge & Kendig, 2005.)

According to Dagenais (1992), a crisis in society creates media crisis. He sees the media as an integrated part of societal situations. There is a clear pattern, a cycle in how crises are portrayed in the Western media. In the first stage, at the beginning of the crisis, the media usually aims to claim its position in the democratic equilibrium by spreading information. At a later stage of the crisis, the media often begins to question their role in the crisis. Was the media the object of manipulation? During stage three, the media often receives criticism from socio-political circles about the coverage during the crisis. Usually, the media affirms possible mistakes but otherwise defends their work on crisis reporting. The last stage of the cycle is a parallel double dialogue between the political/scholarly analysts and the media spokespeople. Media spokespeople often defend the stands they took on their reporting during the crisis. (Dagenais, 1992.)

An important point to consider here is also whether the "crisis in care" actually is a crisis, or is it just a term introduced by the media. To solve this question the "Crisis Standards of Care: Toolkit for Indicators and Triggers" was inquired into. As a result, at least one crisis indicator defined by the Committee on Crisis Standards of the USA (2013) was identified regarding the elderly care crisis in Finland. Figure 2 below visualises that from the requirements concerning "staff" Finnish elderly care in some facilities could be identified as being in a state of a crisis regarding the reports about frequent problems of getting a sufficient number of qualified care workers to all the shifts. Also from the media reports about the crisis in care, the staff's ability to care adequately for the volume of patients (or here residents in care) could be questioned. Further, the media has discussed whether the residential care facilities are safe places for the elderly to live in. (Committee of Crisis Standards, 2013).

Figure 2: Indicators and triggers for the definition of care crisis (Source: Committee on Crisis Standards 2013:17)

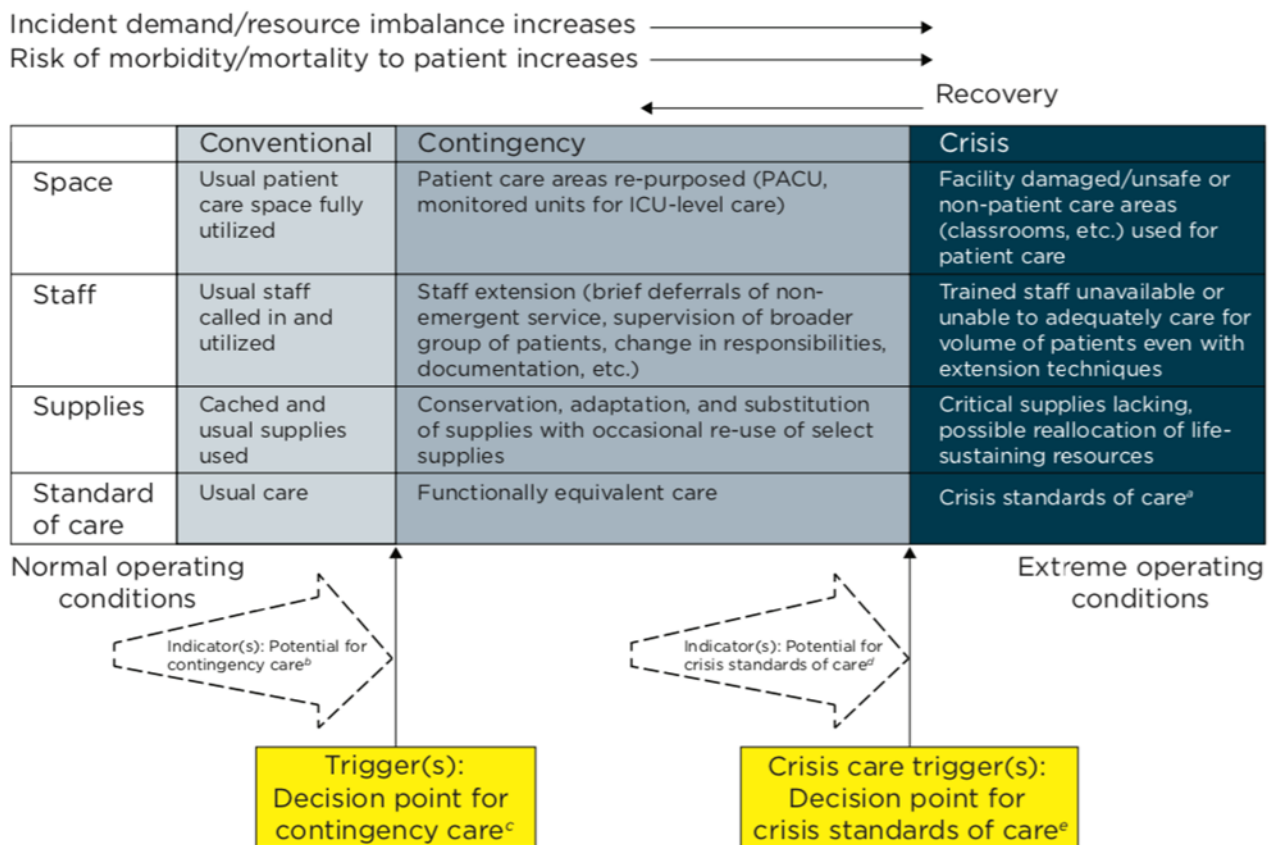


FIGURE 1-1

Allocation of specific resources along the care capacity continuum.

NOTE: ICU = intensive care unit; PACU = postanesthesia care unit. For clarity, the figure focuses on indicators and triggers for the transitions from conventional to contingency to crisis; it is also important to consider indicators and triggers that guide the return to conventional care.

^a Unless temporary, requires state empowerment, clinical guidance, and protection for triage decisions and authorization for alternate care sites/techniques. Once situational awareness is achieved, triage decisions should be as systematic and well integrated into institutional process, review, and documentation as possible.

^b Institutions may consider additional monitoring, analysis, and information sharing, and may prepare to implement select adaptive strategies (e.g., conserving resources where possible).

^c Institutions implement select adaptive strategies and should consider impact on the community of resource use (i.e., consider "greatest good" vs. individual patient needs), but patient-centered decision making is still the focus.

^d Institutions continue to implement select adaptive strategies, but also may need to prepare to make triage decisions and shift to community-centered decision making.

^e Institutions (and providers) must make triage decisions—balancing the availability of resources to others and the individual patient needs—and shift to community-centered decision making.

SOURCE: Adapted from IOM, 2009, p. 53.

Crisis in aged care according to Beadnell (2006) reflecting about the situation in Australia is a combination of prolonged life expectancies and therefore an increasing proportion of elderly people in the communities (here communities, not the population because the increase in longevity development in indigenous communities is lagging behind the life expectancies for non-indigenous Australians), deterioration of cognitive health of the elderly whilst the physical health might be more resilient, workforce/nurse shortages, wage disparities of elderly care staff compared to other professional fields, negative stereotypes about the elderly part of the population, mainstream media exposing horrific incidents from elderly care facilities and policy failures such as conflicting views on regulation and inadequate funding of care homes. (Beadnell, 2006).

3.3 Concept of care and care work

Care is a multidimensional, broad concept which can be defined in several ways. To be cared for and caring for others is crucial for most of us at least in some stages of our lives. Caring can refer to a variety of actions such as giving practical or physical assistance, advice, emotional, social or spiritual support. The central content of care is to recognize the needs of someone, the process of meeting those needs and the concern for the wellbeing of others. (Swain & French, 1998.)

To begin with, we can distinguish the division between informal, unpaid care and formal, paid care work (Fink, 2004). Davies (1998) specifies this distinction further by separating caregiving, care work and professional care. Caregiving refers to unpaid, informal care taking place usually in a household setting or among friends. Care work refers to a whole variety of jobs that are paid for and take place at different facilities at the health care or social care sectors. These jobs do not necessarily require extensive or in some cases any formal training. Care work can be used to describe the work done by care assistants, home helpers, domestic servants and childminders. These care work jobs are usually characterized by low-status appreciation. Professional care refers to paid care work that also requires scientifically grounded and comprehensive formal training. Nurses are an example of professional care providers. (Davies, 1998.) In here, our interests mainly concern the type of care work and professional care which is paid for, formal and mainly professional, as this is the type of care provided in residential elderly care facilities.

Barnes (2006) identifies two separate dimensions in care. These are the physical and emotional dimensions of caring. The physical dimensions of caring are the tasks that are visible and observable such as responding to the basic needs of the ones being cared for such as assisting with eating, sleeping, personal hygiene maintenance and mobility. Additionally caring for ones medical needs could be listed as belonging to the physical dimension of caring (Barnes, 2006). The concept of "emotional labour" associated with care work was first introduced by Hochschild in 1983. According to Hochschild (1983), the care workers, as well as a wide range of service workers, need to "manage" their own emotions in order to be able to influence the feelings of others. To survive and succeed in their jobs, many workers need to manage their feelings for commercial use. Workers doing emotional labour typically have weaker rights to express their feelings compared to customers. The management sets the rules for emotional expression and the private abilities to express empathy and warmth became commodities. Suppressing one's feelings or needing to act or pretend as part of the job increases the complications experienced by the workers. Some nurses and care workers in hospitals and care homes perform emotional labour, but some do not. (Hochschild, 1983.)

Brechin (1998) introduces a model aiming to define the good and bad quality of care in the context of supported living, which is applicable for residential elderly care services too. Care here is viewed as a process taking place at the inter- and intrapersonal level between the carers and the ones being cared for. A common definition of good quality care is that it is adequately "enhancing the quality of life" for the ones in care. This commonly used definition simply dismisses the experiences of the carer, although there is an extensive range of analysis focusing on the stressfulness and emotional burden connected with doing care work and how damaging it can be as a result. Aiming to reach for the definition of good care, we must first establish the desired purpose of care. A widely accepted aim for care at both health care and social care spheres is to "promote the autonomy of patients/residents in the context of residential care services". Bad care becomes familiar to large audiences via public or media scandals or crises. Extreme examples of bad care can be physical, emotional or even sexual abuse or neglect. Bad care can be harmful and destructive for the selfhood of the one being cared for and commonly neglecting their capacity to make choices concerning their own life. (Brechin, 1998).

Brechin (1998) argues that good quality care needs to be inducing positive consequences for both carers and the ones being cared for to be sustainable from its nature. Good care results are possible only in an environment where the carers are not experiencing extensive amounts of stress and are not under too much pressure. To be able to evaluate what is good care, we must look into the intrapersonal experience of both parties involved. How does the care relation influence the sense of personal identity, self-confidence, empowerment and agency of carers and the ones in care? (Brechin, 1998.) Chappell and Parmenter (2005) also criticise the common emphasis on the ones being cared for when evaluating care and the lack of attention for the care workers experience.

Care as a concept has been widely discussed in feminist circles since the 1980s. Care work has often been invisible in the societies. Caring predominantly done by women has been associated with both positive and oppressive characteristics. Once caring started to be labelled as paid work done by (predominantly) women, a new window for discussion and critique was opened. During the same time period, care and care work research also started to evolve in the United Kingdom and the Nordic countries. In the United Kingdom, the research focus was on unpaid and informal caretaking place often in the domestic sphere and when the elderly were the ones being cared for. In the Nordic countries the research concentrated on occupational, paid care work. In the Nordic countries, care work and the way of organizing care have been central to the discussions about equality and democracy. Formal paid care work has been seen as valuable as informal caring taking place in the family sphere. (Anttonen, Valokivi & Zechner, 2009.)

In industrial societies, women have been choosing or directed towards choosing sectors from the labour market that resemble the work done in the domestic sphere. Therefore female employees working in these female-dominated sectors can be seen as helpers in a semi-mothering way. (Goffmann, 1977.) Nursing has been seen as one of those labour market sectors resembling domestic household and care work and hence suitable work for women (Melchior, 2004). Looking at care work as a female occupation, the emphasis is on the provision of service. Coburn (1974) connects self-sacrificing commitment, subordination to the male-dominated hierarchy of the hospital, low-status appreciation and low pay with the nursing profession (Coburn, 1974). Finland among the other Nordic countries with similar comprehensive welfare state designs depends on a large number of female employees to take on care work. To keep the recruiting of care workers possible in the future too, there is a need for higher salaries and granting of higher professional status' according to Blackman (2001).

Gendered occupational segregation varies in extent and character but it occurs across the developed countries (Orloff, 2009). There is a rather clear division of the labour market into women's and men's jobs. In Finland the gender segregation is very strong from an international aspect; over 90% of all child care and health care professionals (especially practical nurses and nurses) are women. Care and service sector jobs are not as highly valued as jobs in technical fields which are male-dominated, but require a similar level of education and can be seen as equally demanding. Female dominated labour market sectors, in general, have lower salaries, which contributes to the gender pay gap and pension accumulation. Women are also often employed at lower positions in their professional field's hierarchy. (THL, 2018.) In the last decade, there have not been changes in the gendered labour division of care work. From all the paid care work, 96% is done by women workers in Finland. (Kröger, Aerschot & Puthenparambil, 2018.)

Glenn (1992) writes about a visual observation of a hospital to reveal gender and race hierarchies in labour division in the USA;

- I. on the top doctors – disproportionately white males,
- II. then the registered nurses – overwhelmingly female and disproportionately white,
- III. practical nurses – also mainly women and disproportionately women of colour,
- IV. on the bottom of the hierarchy are nurses aids, cleaners, cooks – disproportionately women of colour

Even though this example by Glenn (1992) is not very recent and Finland is still not as multicultural as the United States, it is interesting to look at his observation and the case of Attendo (private care

company) investing in recruiting care assistants from the Philippines (Länsi-Savon Sanomat, 2019). Related to a similar issue, Fiona Williams (2001) remarks the campaigns of the government in the United Kingdom aiming for savings in health care wage costs by recruiting nurses and care workers from countries that have lower salary levels, like the Philippines or India. She also expresses worry about the vulnerable position of these migrant care workers. The phenomenon of recruiting workers from lower-income countries in order to save in care costs has firmly taken root in Finland too. (Anttonen, Valokivi & Zechner, 2001.)

Esping-Andersen (2002) reflects on issues about the gendered segregation of the labour market in his response to a critique towards his original theory about three different types of capitalist welfare states. In the response in 2002, Esping-Andersen writes about gender equality in the different welfare state types. In the original welfare state typology *The Three Worlds of Welfare Capitalism* from 1990, Finland is listed as one of the Nordic, Social Democratic welfare states, Esping-Andersen claims that in the Nordic countries the male breadwinner model is declining. In the Nordic countries, the public sector expanded extensively (including health care, social and educational services) from the 1970s onwards. This resulted in many public employment opportunities that were motherhood friendly, flexible but also relatively low paid. These flexible public sector jobs have attracted predominantly women workers. The expansion of the public sector has helped women to combine family and working life. The large public sector also enables the provision of social services fairly universally. At the same time, the public sector has strong gender segregation. The Welfare state is a female labour market to a large extent. This can be characterized as a new inequality; a female employment ghetto. There is a controversy in the combination of family-friendly policies and simultaneously a strong gender-based occupational segregation in providing the public with family friendly services. Wage penalties following job segregation and coexisting with family-friendly policies can also be considered controversial. From one side, women benefit from the style of organizing welfare because it is easy to combine career and family life, but on the other hand, the disadvantage for them is to be receiving low salaries from working for the welfare state. (Esping-Andersen, 2002; Orloff, 2009.)

3.4 Privatization of elderly care services

Privatization of care services is a relatively new trend in Finland. Traditionally the care services have been provided publicly. The public sector has been providing health and welfare services according to the social democratic principles that have been regarded as some of the most important tools in guaranteeing the social rights and wellbeing of individuals by lessening their market dependency.

The core principle has been that the welfare services and benefits have been provided among solidaristic principles regardless of the individual's success or failure at the labour market. (Esping-Andersen, 1985.) The politics for the organization of social care have a long tradition in relying on predominantly to centralised institutions and care provision organized according to universalistic principles to 'clients' in Finland (Anttonen & Häikiö, 2012).

Among the other Nordic countries, Finland has had a very advanced public welfare provision system ensuring citizen's equal and comprehensive access to social care according to the universalistic citizen's right to welfare principles during the 1980s and early 1990s. The economic recession that hit Finland severely in the 1990s challenged the generous public welfare schemes. The unemployment rates rose drastically and resulted in budget cuts to the state subsidies for municipal governments. This had severe consequences for municipally organized social care and especially to the services provided for the elderly, as they were less protected as social rights compared to many other forms of social care. The economic recession combined with increasingly liberal market ideology trends in social care provision as well as the growing independence of municipalities to arrange their services as they wished resulted in the reconstruction of social care policies. (Anttonen & Häikiö, 2011; Anttonen & Häikiö, 2012.)

According to the analysis of Lynch (2003), the Social Democratic welfare states such as Denmark, Sweden and Finland seem to cluster to the more youth and family-orientated emphasis on their social policies and social spending. Lynch (2003) identifies this as a sign of balance in social spending between the elderly and the other age groups in the Social Democratic welfare states. Many other types of welfare states invest a larger portion of social spending on the services for the elderly than the Social Democratic welfare states (Lynch, 2003).

The health expenditure as percentage of the GDP has increased significantly in Finland between 1981 and 2011. The health expenditure as a percentage of the GDP has been rising during macroeconomic crises, at first during the late 1980s and early 1990s. After that, there was a more stagnant period until the health expenditures were rising again during the macroeconomic crisis of 2008 that had affects lingering until the year 2014. After the macroeconomic crises and increases in overall health expenditures, long-term elderly care has been one of the sectors facing budget cuts. Aim to increase the productivity with already existing institutions as well as deinstitutionalizing services and increasing the portion of private providers have been the developments following macroeconomic crises simultaneously with budget cuts. Interestingly, as the practical designs for service provision have changed, the legally mandated entitlements for service users as well as the requirements for the quality of care have remained the same. (Lehto, Vrangbæk & Winblad, 2014.) Lehto et al. (2014)

also consider the possibility that changes in elderly care provision and service design are not only caused by economic pressures and aiming for more efficiency, but also because of the changing nature of care needs with an increased proportion of elderly people with chronic care needs. Lehto et al. (2014) consider the possibility of cultural change in the conception of what is "good quality" care due to rapid developments in health technology.

Privatization of the formerly predominantly publicly provided care services holds the meaning that for-profit care providers are gaining a steady position in the care service provision field and hence are enabled to introduce market principles there too. For-profit service providers often gain power by promising savings to public budgets, improved quality of care services as well as empowerment of care receivers by introducing a wider range of choices in service options. (Szebehely & Meagher, 2017.) New rhetorics in care service provision include vocabularies such as contracts, customer orientation and choice (Anttonen & Häikiö, 2012).

Privatization of social and health care services has become rapidly more common in Finland. In 2005, only 6% of the care workers in the field of elderly care were employed by a private company, but in 2015 the corresponding number was already 20%. Public sector used to be the major employer for care workers but currently, an increasing amount of care workers are employed by a private for-profit company. (Kröger, Aerschot & Puthenparambil, 2018.) Before 1990 the percentage of for-profit elderly care providers was close to zero, but in 2018 already close to 20% (Szebehely, 2018).

Competitive tendering is the mechanism through which municipalities and private for-profit care providers cooperate. Competitive tendering legislation opens the competition for care provision to public, non-profit and for-profit care providers. The practice of competitive tendering has resulted in private, for-profit care providers building their own care facilities in Finland and Sweden. Earlier on the standard was to organize the care services in municipally owned facilities. Care services being organized in privately owned facilities entails possible problems and indicates a switch in the power relations between municipalities and for-profit care providers. Problems arise if any dissatisfaction with the care services occurs and if the municipality wishes to terminate the contract with a private care provider. In these kinds of instances, often a whole new care facility needs to be opened to change the service provider because the residents in care would have to be physically moved in case the care provider was to be switched. Another risk with the private care providers owning the care facilities is that they could offer upgraded services to wealthier customers with a different price alongside with the legally required and publicly-subsidised care services purchased by the municipalities. The user-choice model allows private care providers to offer these additional services to those who afford to pay for them. The affluent care customers purchasing additional services also gain tax rebates,

meaning that public tax funds are used to subsidise for the more luxurious services to the wealthier part of the population. Tax rebates from the purchased additional services to top up the publicly subsidised ones can be seen as another policy tool encouraging the privatization trend of care services. (Szebehely & Meagher, 2017.)

Szebehely and Meager (2017) claim that the introduction of marketisation to elderly care provision field has weakened the status of public care provision and gradually deteriorated the formerly strong universalistic principles in elderly care provision in the Nordic countries. Kröger, Anttonen and Sipilä (2003) remark that in most cases universal social policies gain very much popularity in the society and reversing or weakening these policies is often very problematic and politically challenging.

Universalism is not the only Nordic welfare state principle at risk when considering the effects of budget cuts to care services frequently leading to developments such as marketisation and increased private care provision. The affluent care customers can use their resources to purchase additional care services, but meanwhile, there are also elderly people with fewer economic resources and who may not get their care service needs covered with the publicly subsidised services anymore. As they are unable to afford the upgraded services they would actually need, family care often steps into the picture. Increased familialisation in care occurs especially in lower-class families, and often the informal care provider is a female relative (most frequently a middle-aged daughter). The idea behind elderly care customers becoming empowered through the customer choice model is also problematic, as it is uncertain that all elderly people would have the same capabilities to make informed choices concerning their own care. Memory disorders and cognitive declining burden many elderly people and class-based selection towards better or worse care services seem to be occurring too. The more affluent, higher class elderly people with more economical and educational resources seem to be able to choose better quality services when the less affluent elderly people are often left with lower quality services. Therefore privatisation and marketisation can be seen as threatening other two ideals of the Nordic welfare states; social class equality and gender inequality (because most of the informal care work is done by female relatives). The care responsibilities have switched further from the state and closer to the market and family. (Szebehelis & Meagher, 2017.)

There are significant differences in the resources and coping mechanisms that elderly people possess. Whether the elderly person has a family, economic resources and the public services available at their area have a great effect on how they get to experience their old days. If an elderly person possesses none of these resources, a risk for losing autonomy, independence and former life quality is much greater. (Blackman, 2001.) This development is very noteworthy, as the Social Democratic welfare states have been traditionally relying on the following basic mechanisms in welfare provision;

universal welfare programmes in the form of social and health care services as well as social benefits. Services and benefits are provided by a system where everyone will contribute, benefit and be dependent on the same welfare programmes. This system has traditionally left very little room for markets. The other mechanisms has been again ingrained in the universal service provision; there has been no aim to wait until the traditional family would have weakened their resources in caring for their members, but rather the idea was that state engaged in the costs of family care early on to maintain the individuals in the family independent and able to participate at the labour market. Put simply, the state has been formerly taking direct responsibility in caring for the elderly and other vulnerable groups. (Esping-Andersen, 1990.)

3.5 Care worker's experiences from residential care facilities in 2015

Kröger, Van Aerschot and Puthenparambil (2018) conducted a comparative study about the changing nature of care work, comparing care work in Finland to care work in the other Nordic countries. In Finland in 2015, 67% of all the care workers were employed in residential elderly care facilities. Therefore residential elderly care facilities are a big employer for care workers in Finland. From the interviews that Kröger, Van Aerschot and Puthenparambil (2018) completed, they conclude that working in residential care facilities is straining both physically and mentally. As a result, many workers of residential care facilities have concerns about their own health and wellbeing. The number of care workers experiencing violence or threatening behaviour at work has doubled in ten years in Finland. In 2015 the number of residential care facility workers who had experienced violence or threat of violence within the last week was 40%. From the Nordic countries, Finnish care workers were the most critical about their possibilities to provide individualized care and about the risks being caused to the residents in care. In 2015 in Finland, 69% of the workers in residential care facilities felt that their work tasks were for the most meaningful, a percentage which is the lowest compared to the responses from Norway, Sweden and Denmark. For example, in Norway 76 % and Denmark 72% of the care worker respondents described their work tasks in residential elderly care facilities as meaningful. (Kröger, Van Aerschot & Puthenparambil, 2018.)

In Finland and Denmark, 2 out of 5 care workers would not want to receive care services from the facilities where they are working once they become elderly themselves. Care workers reported experiences of increased outside control connected to their work and simultaneously decreased opportunities to influence their own work. Care workers felt low appreciation towards their work as well as worsened working conditions. There were reports about increased numbers of computer-

related tasks being included to their work tasks and simultaneously decrease in the possibilities to go outdoors or engage in other recreational activities with the residents in care due to time pressure. As a result, as many as 38% of Finnish care workers employed in residential care facilities were considering quitting their jobs. (Kröger, Van Aerschot & Puthenparambil, 2018.)

Work tasks that the care workers completed several times a day were serving pre-made meals, assisting with personal hygiene, helping a person to move or lifting them, giving emotional support, writing daily reports or working on administrative tasks. Work tasks that the care workers completed usually once a day or less frequently were cleaning residents rooms, preparing warm meals, going outdoors, running errands or a cup of coffee with a resident. (Kröger, Van Aerschot & Puthenparambil, 2018.)

In residential care facilities, the number of residents has decreased slightly from the year 2005 to the year 2015. Nevertheless, still, 45% to 57% of care workers in all different shifts felt that the number of residents in care was too high. According to the responses from the care workers, on average they would assist 12 to 13 elderly residents during morning and evening shifts daily. During night shifts the care workers responded having assisted on average 26 residents in 2015. Comparing to the other Nordic countries, care workers in Finland work with a higher number of residents during their shifts than care workers in other Nordic countries. The only exception is the night shifts, during which the Danish care workers care for a higher number of residents than their Finnish colleagues. (Kröger, Van Aerschot & Puthenparambil, 2018.)

Szebehely (2018) argues that care workers are a social group continuously forgotten in the Nordic idealistic pursue for equality. Additionally, we need to consider that in the media discourses concerning the care crisis in 2019, care workers working understaffed has been an issue that has been brought into the reader's attention several times. We must take into consideration that with this data and examples from 2005 and 2015 and no existing data from 2019, the year of the care crisis, we can not draw any reliable conclusions about the actual numbers of care workers and residents in care present at the care facilities during the crisis.

4 METHODOLOGY

The methodology chapter first underlines the purpose of the study, which is to analyse the social actors in the media presentation of the care crisis. The role allocation and the ways on how different actors are constructed in media discourse are the points of interest. Critical discourse analysis and how it connects to media studies is explored, with a special interest in the relationship between media and power structures. The utilized framework of critical discourse analysis, the concept of sociosemantic inventory by Van Leeuwen (1990) is introduced and the selected, applied categories explained. This study is a case study about the residential elderly care facility Ulrika in Kristiinankaupunki, and therefore the case study method is introduced too. Additionally, the methodology chapter clarifies the processes of data collection and data analysis.

4.1 Aim of the study

The point of observation in this study is to analyse how different actors of the care crisis; residents in care, their families, care workers, Esperi Care company and their representatives and municipal, governmental and political actors and their positions are constructed in the media discourses through social actor analysis. The aim is to find out which social actors are emphasized and allocated active roles in the media reporting and which ones can be found from subordinate and passivated roles. Social actor analysis enables us to identify power (im)balances in the media discourse. Social actor analysis can also give us indications about whose version of the story the media tells. Social actor analysis is applied by using the sociosemantic critical discourse analysis framework introduced by Van Leeuwen (1990).

The research question:

RQ1.) ”How has the crisis in care in 2019 been constructed in the national media through social actor analysis?” / ”Which social actors are present and emphasized in the elderly care crisis of 2019 in media discourses?”

4.1.1 Critical discourse analysis and media studies

Fairclough (1989) presents a model of critical discourse analysis. From his standpoint, critical discourse analysis can be employed to analyse discourses as a circular process where social practices

influence texts by affecting the production context and mode. Then again written discourses influence society by having an imprint on the viewpoint of people who read or watch the news (Richardson, 2007). Critical discourse analysis is commonly associated with questions such as; "What does this text say about the society in which it was produced and the society that it was produced for? What influence or impact do we think that the text may have on social relations? Will it help to continue inequalities and other undesirable social practices, or will it help to break them down?" (Richardson 2007:42.) Richardson (2007) defines the latter questions as the point where discourse analysis becomes critical. Characteristic for discourse analysis is the interest towards discourse(s) itself as a topic, and therefore not seeing discourse merely as means of getting somewhere, to some kind of other reality (Gill, 2007).

News reporting is observed as a constructed version of the source materials here. News is a type of media presentation or narrative. News reporting always tells a selected version of the events. (Burton, 2010.) For the research purposes here critical discourse analysis is the most suitable type of method for analysing news. Crisis in care can be defined as a social problem, and the critical discourse analysis method suits the analysis of social problems and the search for social justice. Critical discourse analysis looks at societal relationships and how the positions of different groups of people are defined. Connecting the media presentation of the crisis in care to possible neglect of care standards makes it a good discourse analysis topic, but at the same time seeing the crisis in care as a social problem is already taking a stand. This equals to choosing perspectives towards values which define political association. Language has a function to signify and communicate but we always look at the message delivered through our experiences, cultural norms and political stands. (Burton, 2010.)

Burton (2010) raises an important notion about news reflecting the interests of commercial cultures, markets, national preferences and/or cultural values. News as a media outlet may aim for objective reporting, but they are still always promoting some interests. The news media is providing the audience with information about different aspects of life and incidents taking place in society or in other societies that we often do not experience ourselves directly. News media is shaping the information and putting it in a certain format before serving it to the reader audiences. (Burton, 2010.) Standardised journalistic practices and affluent mass media news reporting have a crucial role in preserving both the class authority and the ruling political system by communicating their ideological stands (Richardson, 2007). Considering the power relations in media connected to class relations we have to bear in mind that there are various power relations structures. Power relations also exist between institutions and social groups, for example between women and men and between young and old people. Power relations are connected to struggles in a sense when social groups with different

interests have to engage with each other. These social struggles may vary in intensity and depend on the power exercised by the more dominant counterparty. (Fairclough, 2001.)

In contemporary societies discourses where the participants are separated by time and place are common. Mass media publications are an example of such discourses. The power relations in mass media are rarely clearly recognizable and therefore the hidden power relations in media create an interesting study subject. The hidden power relations in media are often connected with the "one-sidedness" and the setting where discourses are created by media producers and journalists and consumed by the interpreters and audience. Media producers and journalists are incapable of knowing what their real-life audience is. Practically media discourses are always produced with some ideal or stereotypical idea of the interpreters and audiences in mind. (Fairclough, 2001.) "Media discourse has built into it a subject position for an ideal subject, and actual viewers or listeners or readers have to negotiate a relationship with the ideal subject" (Fairclough, 2001:41).

The relationship between media and power structures is not a simple one. Van Dijk (2008) argues that in a modern society, media holds the most powerful position in all forms of printed text. Media representatives have the power to choose which power-holders are given coverage and how often. Media can also further confirm and increment legitimacy on what powerholders say. Additionally, media holds the power of selecting who and which events get dismissed and simply not written and published about. Being aware of these circumstances, we can argue that media has a strong position in mediating power in contemporary societies. Through selective practices media upholds an autonomous power in deciding which societal events will get to be published as news and therefore publicly presented. Publicly presented issues also have the chance to make it to public and political discussions and debates. The issue is not only about which events make it to news, but also when they get public coverage and what is said about the events that occurred. Social power structures are produced and reproduced in media. (Van Dijk, 2008.)

4.1.2 Van Leeuwen's concept of sociosemantic inventory (1990)

Critical discourse analysis aims to investigate how social practices and power structures are presented and evaluated in discourses. Critical discourse analysis focuses on the construction of social realities in discourses. (Van Leeuwen, 2018.) Critical discourse analysis is a parent category for a large variety of different theoretical and methodological approaches as well as analytical frameworks. One defining factor used for different critical discourse analysis approaches is the interest towards power

structures, power relating to differences in social structures and how these get presented in language and discourse. (Weiss & Wodak, 2003.) In his framework, Van Leuven (1990) has combined critical discourse analysis practices with sociosemantic features, creating a sociosemantic inventory framework that can be utilized for analyzing social actors, social actor presentations and power relations between different social actors in discourses (SemiotiX, 2019).

Critical discourse analysis and the ways that written discourses recontextualize social actors have been the main subjects of work for Van Leuven. He first utilized and introduced the concept of sociosemantic inventory in analyzing "Spectrum", the Saturday publication of Sydney Morning Herald on the 12th of May in 1990. Sydney Morning Herald is a conservative newspaper, and Van Leuven analyzed the leading feature article "Our Race Odyssey". (Cross, 2008.) The sociosemantic inventory framework was aimed to address two questions: "What are the ways in which social actors can be represented in discourse?" and "Which choices does the English language give us for referring to people?" (Van Leuven, 1995: 31). These are the general, lasting questions the framework aims to give tools to answer to, but in analyzing "Our Race Odyssey" Van Leuven specifically focused on identifying instances of racist discourse from the news story concerning immigration. In this particular analytic work, Van Leuven identified textual choices emphasizing the "otherness" of immigrants from the main part of the population as well as conceptions of "differentness" and how immigrants were "threatening" for the society (in evoking fears of losing cultural identity and practical employment opportunities). (Van Leuven, 1995). The whole system network for the concept of sociosemantic inventory in total consists of 22 categories (Van Leuven, 1995).

Van Leuven's concept of sociosemantic inventory (1990) is the chosen framework of critical discourse analysis applied in this study, using five categories that seem most suitable for the analysis purposes of this paper. Many social actors in the data get described rather superficially, so there is not enough detail for analytical use of some of the more elaborated categories. For the five selected categories, there was enough detail in the description of the social actors in the data.

These following socio-semantic categories of Van Leuven's (1995) framework will be applied for analysing the social actors in the articles.

- inclusion or exclusion of the social actors

According to van Leuven (1995) exclusion is divided into subcategories; radical and less radical exclusion, meaning total and partial exclusion. A radical exclusion means that a social actor or their action is completely excluded from a text in a manner that leaves no trace. The exclusion is unnoticeable. Inclusion or exclusion of an actor can be also social class-based and a politically

motivated choice in a text, in which case the more high-end social actors of the hierarchy would more likely be included than excluded in for example middle-class or conservative newspapers. The social actors presenting the "common people" would be more likely excluded in middle-class or conservative newspapers. Exclusion of a social actor can be further categorized to suppression and backgrounding. The choice to include or exclude a social actor in the text is usually to suit the readers and according to the purposes of the writer. (Van Leeuwen, 1995.)

- passive or active forms in describing actions of the social actors

Which social actors are given active or passive roles and in which institutional and social contexts? Individuals in activated roles appear as the active, influential makers in activity and often possessing a voice and commenting on issues. In contrast in the passive roles, individuals appear often on the receiving end of an activity or as if they were merely undergoing or withstanding actions and often not having a say on things. Activation of a social actor is noticeably by grammatical participant roles in the discourses or by pre- or postmodifications or by giving possessive forms. Passivated social actors in discourses are allocated for example beneficialised or subjected roles. Which social actors are referred to through generic or specific reference is also to be observed when looking for activation or passivation in social role allocations. (Van Leeuwen, 1995.)

- functionalisation or identification of social actors

Social actors presented in functionalised roles are described according to the activities they engage in or their professional or other roles. Functionalised social roles are often observable in verb derived terms ending to some of the following suffixes: -er, -ant, -ent, -iant, and -ee. Examples of such terms would be reporter, participant, interviewee, patient, guardian and employee. Identification of social actors means that they are referred to according to what they are in more or less permanent way. Classification categories for the identified social actors vary according to the societal and institutional conceptions dividing people to different classes and subgroups. In Western societies, these categories include for example age, gender, class, wealth, ethnicity, religion, sexual orientation and provenance. (Van Leeuwen, 1995.)

- individualisation or assimilation of the social actors

Individualisation here refers to when a social actor is singled out and individualised, and assimilation to a practice where social actors are referred to as a group. Van Leeuwen (1995) indicated this to be an important category to analyze, as individuality is a very highly valued concept, especially in many Western societies. Assimilation here is looked into through the process of aggregation. Assimilation

as aggregation treats groups of people as a sort of statistics, what majority of the people think is meaningful in societies where majorities rule. Aggregation is most often noticeably by the use of definite or indefinite quantifiers. (Van Leuwen, 1995.)

- personalization or impersonalization of the social actors

Social actors are personalized by referring to them with their names, using personal or possessive pronouns in connection to them or by representing them as human beings. Social actors can be impersonalized by representing them with abstract nouns or by using concrete nouns which do not include the conception of a human being. Impersonalization can take forms of abstraction and objectivation. Personalization/impersonalization is a crucial category for identifying power construction in social structures of news reporting. (Van Leuwen, 1995.)

4.1.3 Case study method

Due to a very large number of media publications about the crisis, it was necessary to limit the time period observed. Therefore a case study about the very first case that made an entrance in the media discussion and the public eye, the case of residential elderly care facility Ulrika in Kristiinankaupunki operated by Esperi Care will be analyzed. To take the very first case into observation is meaningful, as it is the case that first set the course and terminology for the media discourses about the elderly care crisis. Starting the analysis from the beginning of the crisis is also plausible because it leaves a clear opportunity for future research on how the care crisis discourse developed, possibly transformed and eventually terminated in the media. This case study about the media discourse concerning the care facility of Ulrika is observing the time period of one week (25th to 31st of January), starting from the very first media reports about the incident.

A case study is a term defining a specific form of inquiry. The case study term is used to refer to research concentrating only in few or just one case but often extending the analysis to great depth. A case study is often described as having the purpose of exploring the uniqueness of the chosen cases or the individual case. Wide generalizations of the research results are often not applicable or even desired. The theoretical inference, as well as objectivity, are often valid questions in case study research. (Hammersley & Gomm, 2000.) In social science literature, case studies most often are often of complex and holistic nature, including numerous and not highly isolated variables. Comparisons are mostly implicit. Case studies often aim to deepen knowledge about a phenomenon in an explorative manner. Case studies can be applicable for theory building and the search for explanatory

laws. Therefore case studies can be seen as having instrumental value in adding insights to naturalistic generalisations. A case study is a satisfactory and useful method in adding experience and improving understanding of the chosen phenomenon or phenomena. (Stake, 2000.)

4.2 Data collection

Data pool for this study consists of newspaper articles reporting about the incidents in the care facility Ulrika operated by Esperi Care company. Data collection started by acquiring online accesses to the two selected newspapers. The newspaper articles will be from two different Finnish newspapers Ilkka and Yle. Data collection started by acquiring online accesses to Ilkka. The timeline for the data collection is one week, starting from Friday 25th of January and ending on Thursday 31st of January 2019. Data pool consists totally from 18 media articles. Six of the articles were published by Ilkka and 12 of them by Yle. The complete list of articles included in the data pool for analysis can be found from the page 69 of this paper.

Ilkka was chosen as a data source because it presents a local viewpoint to the elderly care crisis phenomenon, as it is the local newspaper in Kristiinankaupunki, where Ulrika care facility is located. Yle online news was chosen as a data source as it is free of costs for the readers and a very popular, widely accessed news source in Finland.

Ilkka is the provincial newspaper of Southern Ostrobothnia, which is a region in Western Finland. Care facility Ulrika is located in Kristiinankaupunki, which is in Southern Ostrobothnia. Ilkka magazine is owned by Ilkka-yhtymä, a media corporation that owns also another regional newspaper from Ostrobothnia called Pohjalainen as well as other smaller local newspapers. The two regional magazines, Ilkka and Pohjalainen together have an on estimation of 140 000 daily. (Ilkka-yhtymä, 2019.) Ilkka's total annual circulation in 2018 was 39273 (Mediaauditfinland.fi, 2019). Articles from Ilkka magazine are included in the data pool to provide a local perspective in the case of the care facility Ulrika. Online digital archive for subscribed users was used to access the articles.

Yle News is produced by Yleisradioyhtiö, the National broadcasting corporation. Yle provides online news and radio news free of charge. Additionally, Yle broadcasts television news on their own channel. Yle online news is free of costs for the readers, unlike news published by Ilkka. Reuters Institute for the Study of Journalism from the University of Oxford conducted comparative research on eight different European National broadcasting corporations, Yle being one of them. In this report, Shulz, Levy and Nielsen (2019) reveal that public news from Yle in 2009 was accessed by over half

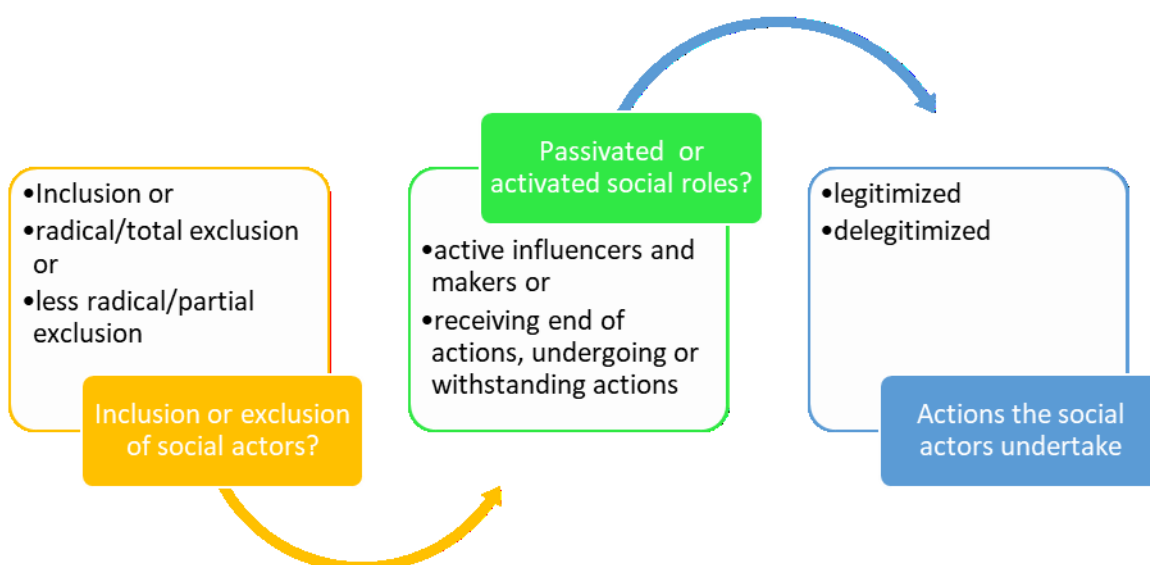
of the population (68%) weekly. This makes Yle the most extensively used source for news in Finland. Public service news can be seen as a form of public service provision in the rapidly changing modern media environment. (Shulz, Levy & Nielsen, 2019.) Open access news webpage of Yle was used to access the articles.

4.3 Data analysis process

First, the articles were translated from Finnish to English. The next step in the data analysis started by listing all the social actors that were included in the articles. Data sampling started with identifying and calculating all the social actors present in the articles. The numbers of different social actors appearing in the data pool give a rough indication of which social actors are present in the news reporting and how frequently. Next step was to analyze the articles individually. Articles were sampled according to the social actors that were included in the articles. Van Leuuwen's (1990) sociosemantic inventory's categories were applied to analyze all the articles in the data pool.

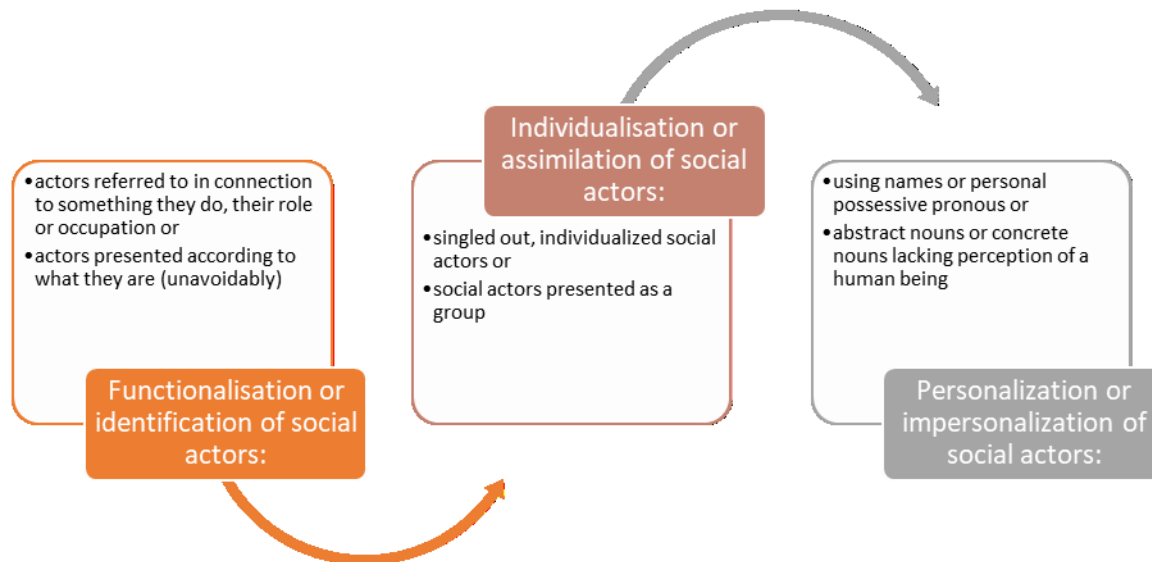
The following charts were used as a tool for analysing the social actors after they were identified. Figure 3 was used in applying the two first categories from Van Leuuwen's (1990) inventory (steps two and three in the chart belong to the same category):

Figure 3: Two categories of the sociosemantic inventory by Van Leuuwen (1990)



The further categories from Van Leeuwen's (1990) inventory are analyzed according to Figure 4:

Figure 4. Three categories of the sociosemantic inventory by Van Leeuwen (1990):



5 ANALYSIS

This chapter deals with the analysis process. First, the analysis was conducted superficially by only looking at the numbers of appearances of different social actors. During this step, the social actors were also identified for the analysis. After the social actors were identified and their appearances calculated, each social actor was systematically walked through the five analytical categories demonstrated in figures 3 and 4. Examples from the data are provided throughout the explanation of the analysis process aiming for transparency. An individual article (Ilkka, 26/01/2019) analysis is also provided as a practical example from the process. Finally, the principal characteristics for the media presentations of the different social actors are provided.

5.1 Characteristics of social actor presentation

Figure 4: The appearance of the different social actors in the data pool

Social actors in data pool	Governmental and municipal authorities	Esperi Care company / representatives	Labour Union /representatives	Care workers	Elderly residents in care	assisting staff	Lower managerial staff of Esperi Care	families of residents in care	politicians
Data pool of 18 articles:	375	257	46	246	275	9	25	25	119

The numbers presented in figure 4 tell us how frequently different social actors get mentioned in the articles. These are only rough indications, which do not tell us what kind of roles the social actors appear in the discourses of the articles. These numbers do not reveal whether the social actors appear in activated roles (commenting on the issues, having a voice, actively engaging in things) or in passivated roles, as the receiving ends or objects of activities. Here we can only see, how often these social actors are included in the media discourse within the extent of the data pool. We can identify that the most frequently mentioned social actors are the governmental and municipal authorities (375 appearances) followed by the elderly residents (275 appearances). Despite these two actors possessing the highest numbers of mentions, their roles and actions they engage in are very opposite. The governmental and municipal actors are the ones investigating the issue, commenting on the past events and explaining to the reporters what will happen next. The elderly residents are frequently included in these comments and explanations, but as sheer numbers, recipients of low-quality care or victims suffering from neglect and malpractices.

After the social actors get identified, they are analyzed through the five categories from Van Leuuwen's (1990) framework. Below a more detailed explanation about the analysis categories and implementation of the analysis are provided.

Inclusion or exclusion of the social actors

Inclusion or exclusion of a social actor is the most simple category to work on. If a social actor is present in the article, they are included. If they are not present, they are excluded from the article. Sounding like a very simplistic category, the inclusion/exclusion aspect already gives us important

information about the power distribution in the article. Who's story the article tells us? And who has an active voice in it? In the articles analyzed here, majority of the active "narrator" roles have been given to governmental and municipal authorities, high-end company representatives and central actors from labour unions. The story would be a completely different one if the active voice was given for example to the care workers or the elderly residents of Ulrika who experienced the "crisis" in care themselves. Representation of a social actor in the discourse, their inclusion or exclusion is a conscious choice to suit the interests of the reporter or the intended audience (Van Leuuwen, 1995). Radical exclusion of a social actor refers to a situation where we can not identify that they are missing from the text. Suppression of social actor refers to a situation where activity and the object of the activity are included, but the active maker is missing (Van Leuuwen, 1995). An example of suppression of social actors from Ilkka (26th of January 2019) from a comment from the president of SuPer labour union: *"The capacities of the residents in care have been weak, and dangerous situations have taken place for both the carers and the ones being cared for. Among other issues in the care facility an assault of a care worker has happened."* Here we know that an incident caused by an activity; an assault took place in Ulrika and the victim was a care worker but it is left for the reader to draw the conclusion of who was the perpetrator. It is often unclear whether the reader is supposed to understand who is the active maker or not when the suppression of a social actor is identifiable. (Van Leuuwen, 1995.)

Backgrounding of a social actor is a similar textual choice than suppression, but with the difference that the backgrounded social actor appears somewhere else in the text and therefore is more traceable for the reader (Van Leuuwen, 1995). In the news article analyzed here, two instances of backgrounding are repeatedly observable:

1. The care workers suffering from needing to work in unlawful situations due to understaffing. The private care provider, in this case, Esperri Care, the social actor responsible for not hiring enough care workers is included somewhere else in the article and the reader needs to connect the actor and the activity; *"the care workers are working in unlawful situation due to understaffing because the private care provider Esperri care has not hired enough care workers."* (Yle, 30/01/2019).
2. the elderly residents suffering from inadequate care standards for example in the article from Yle (30/01/2019): *"In the medical care there have been several mistakes. During an inspection to the care facility, they found out that list of one resident's medications had been printed in 2017 and was not up to date"*. The care workers (or the lack of them) are mentioned elsewhere

in the article, and the readers need to connect the actor to the activity. According to standard care facility practices, the care workers are responsible for keeping the medical records of residents up to date.

Passive or active forms in describing actions of the social actors

From the previous category we already know, which social actors are included in the discourse. The next step is very important; here we observe what kind of roles the included social actors are given in the articles. Regarding actions taken, who is the agent (active maker) and who is the object (receiving end of action)? The active/passive role allocation choices in text greatly affect on the story that is told. The social actor's given active maker roles appear as having more power in the discourses than the social actors in passivated roles. (Van Leeuwen, 1995.)

Examples from the passive/active role allocations from an article by Yle (26/01/2019):

1. *"The outdoors and recreational activities for the elderly residents have been missing almost completely during spring 2018."* → Here we can see how the elderly residents have been allocated a passive role, in a form where services are not organized for them. The elderly residents appear as merely withstanding the action of their services not having been organized. Here we can imagine how different tone this sentence would take if it was about the elderly residents in some form actively engaging in an activity related to the lack of services organized to them for example in explaining what is the situation of outdoor and recreational practices in their care facility.
2. *"The labour union for practical nurses, SuPer has been accusing the care companies from maximizing profits. The union thinks that the profits are made from staff expenses which are kept as low as possible"*. This is an example of active role allocation. SuPer labour union has been given the active role here. As a social actor, the labour union has been given an active voice and ability to express thinking and opinions about the activities of the private care providers.
3. In the data pool, the care workers appear in most cases in passive forms of description. Care workers are most often mentioned in connection with the lack of adequate numbers of them. There are only a couple of instances where the care workers are assigned active roles and here is an example of one such occasion from Yle (30/01/2019): *the 18th of January the Regional State Administrative Agencies got contacted by the labour union for practical nurses, SuPer.*

The staff of Ulrika was threatening to go on a strike due to inadequate staff numbers.” In this example, the care workers appear in a single most powerful position in the whole data pool of articles. They engage in two very powerful and intense actions, they are *threatening* and bringing out the possibility to *go on a strike*. This example really stood out from the social actor presentations for care workers in the articles analyzed.

Functionalisation or identification of social actors

Functionalisation and identification are types of categorisation. Social actors that are in functionalised roles get presented through their occupation or role. The emphasis is on their professional status or activities they engage in, therefore a functionalised role is usually also an active one. Functionalisation of a social actor refers to a textual choice where a social actor gets presented not through their activities but as what they inevitably and more or less permanently are. Here we must consider societally defined classes of people according to their attributes such as age, gender, class, sexual orientation and so on. (Van Leuwen, 1995.)

1. Here are some examples of functionalised social actors through their occupational status in the data pool: *general inspector of Valvira (National Supervisory Authority for Welfare and Health), lawyer of Valvira, service manager of a city, resource manager of Esperi Care, regional manager of Esperi Care, manager of elderly care services of a city, communications manager of Esperi Care, leading expert of Valvira, prime minister, leading lawyer of a labour union, president of a labour union, chairman of a parliamentary group, vice chairman of a party, service- and family minister, managing director of Esperi Care, investment manager of Esperi Care, basic security manager of a city, speaker of the parliament, inspector of AVI (Regional State Administrative Agencies), emeritus professor, of geriatric elderly care, minister of the interior, leader of an emergency care unit and care worker/nurse/practical nurse*. Here we can observe the amount and variety of people from the high ends of their fields professional hierarchies are included and presented through their role and activities they engage in which applies to all functionalised social actors besides the care workers.
2. Clearly identified social actors presented in the data pool are the elderly residents. They get presented as what they are; customers, residents, elderly people or people with memory disorders as well as mothers in a few occasions. Identification of the residents as a social

group can be connected to the societal conceptions of age. Being of old age, having care needs and some diagnoses are the only way the residents in care are referred to in the media discourses. At some occasions, they also get referred to as a social group that should get treated better in the care facilities. Another group that could be described as appearing in an identified role are the family members of the residents. They get presented through the family relations they have in connection with the elderly residents, not through activities they engage in.

Individualisation or assimilation of the social actors

The individualisation of a social actor takes place when they get referred to as individuals. Assimilation in contrary is a textual practice where social actors get referred to as a group. Van Leuwen (1995) argues that the aspect of analyzing individualisation is the most crucial one in critical discourse analysis in the Western, individualistic cultural context. According to his inferences, the tendency in the discourses in middle-class newspapers is to emphasize and individualize elite and expert actors but simultaneously assimilate the so-called common people. In working-class orientated newspapers the practice is a contrary one. Common people get emphasized and individualized as the elite social actors get assimilated. With this notion and the conclusion we have already drawn using the previous categories, the political orientations of the news sources Ilkka and Yle seem rather clear. If we consider the argument from Van Leuwen (1995) about the political orientations tendencies in news reporting and add on the fact from the data pool that all the "expert" roles listed above according to the functionalised professional presentations also in all cases included the individualized appearance of each actor with their full names too, we could presume that the reporting style in the discourses on both Ilkka and Yle are more middle-class than working-class orientated. This would mean, that the intended readers of the news outlets would be more from the middle class than the working class. The fact that the most commonly assimilated groups of social actors in the data pool are the elderly residents, care workers, assisting staff and in some cases, the families of the residents, which all could be seen as representing the common or working class people in these stories support the observation about the possible political orientation of these newspapers.

An example of individualisation and assimilation of social actors from Yle article (26/01/2019):

"For example in a five-storey care facility there can be only two care workers during the night according to Vainio. Nevertheless, the residents in care are supposed to be under the watchful eye around the clock." Here Vainio, as a social actor in individualized and personalized. In the previous sentence, she gets introduced as *"the general inspector Päivi Vainio from the Regional State*

Administrative Agency of Southern Finland". In our example sentence, the two care workers and residents in care are both assimilated as social actors. They get referred to in plural forms and through them belonging to a group "the elderly residents in care" and "the care workers of the facility". Also in this sentence, the elite/expert actor is individualized and explaining the state of affairs and simultaneously the common people are assimilated which further supports the idea of Yle in their reporting about the elderly care crisis seems to cater more for middle-class audiences.

Personalisation or impersonalisation of the social actors

Personalisation of a social actor is a very simple yet important category. Social actors are personalised when they are represented as human beings. Most clearly this is observable when social actors are referred to by their names or by personal or possessive pronouns. Impersonalisation takes place when social actors are referred to using concrete nouns which do not include the conception of a human being. Social actors can get described by a quality associated with them, such as poor, unskilled, illegal, old etc. This type of impersonalisation is called abstraction. Objectivation is another practice of impersonalisation and it applies to instances where social actors get presented either in reference to a place where they reside or sometimes in close association to an activity they are engaged in. (Van Leuwen, 1995.) In the selection of articles in our care crisis data pool, it is the residents in care who typically get impersonalised. Impersonalisation in form of abstraction could be seen as taking place when the elderly residents are presented simply as elderly. These terms derive from having become of old age, which is a quality associated with these people and by which they are referred to in the news reporting. This might not qualify as a form of impersonalisation, as an elderly person is an established concept meaning a person of old age. When we could be in two minds about this case, impersonalisation in form of objectivation takes place frequently in the articles analyzed here when the elderly residents get referred to as *residents* and are therefore described in reference to the place they live in.

An example from an article by Yle (30/01/2019): *"The sort of residents that earlier on would have been in intensified residential services are in these days still in-home care, the general inspector Elina Uusitalo from the National Supervisory Authority for Welfare and Health compares the current changes."* Easily observable, Elina Uusitalo as a social actor is personalised. Residents here are impersonalised through objectivation. Residents also only presented through the place they reside in, which in this example seems also a rather vague description.

5.2 Individual article analysis

Article from Ilkka

In the article: *"Valvira stopped a private care facility from operating. Valvira: The care facility has been in crisis since the beginning of the year. One resident is suspected to have died due to malpractice"* (Valvira keskeytti yksityisen hoitokodin toiminnan. Valvira: Hoitokoti on ollut kriisissä vuoden alusta lähtien. Yhden asiakkaan epäillään kuolleen hoitovirheen takia. Kristiinankaupunki) published on the 26th of January 2019. This detailed analysis of the article is set as an example that demonstrates what Van Leuuwen's (1990) frameworks five categories applied to the social actors present in the articles can show us about the presentation of social actors. The analysis of this article is presented according to the identified social actors. The English translation of this article is included as the attachment number 2. on page 71.

Governmental and municipal authorities

- Valvira, the National Supervisory Authority for Welfare and Health is the central and activated social actor in the headline and the first chapter of the article. Valvira is a governmental actor presented taking powerful actions. *"Valvira stopped the private care facility from operating"* in the headline of the article and at the beginning of the text repeated, *"Valvira decided to stop Esperri Care company from operating at Ulrika care facility on Thursday"*. The final chapter of the article presents Valvira's authority to decision making very straight forward: *"The caring responsibility for the care of the residents of Ulrika has been transferred by Valvira's decision to the city of Kristiinankaupunki until Valvira decides otherwise"*.

Valvira is an established governmental authority in the field of social and health care and that is visible from the article too. Valvira appears as an active decision-maker and influencer. Actions by Valvira seem very legitimized, ones that should not be questioned. Later on in the first chapter of the article, *"Valvira currently investigates all the operations by Esperri Care company"*. Valvira, as a social actor in this article always appears in connection to some activity that the governmental body engages in, therefore Valvira is presented in a functionalised role. The role of Valvira is an individualized one too (although there is only one Valvira, still in this article we could argue that Valvira is singled out for example from among other governmental actors). Therefore Valvira is in a way personalized as a social actor. Valvira is written about as it was nearly a person, commenting on the issue to media *"Valvira told STT (the Finnish News Agency) on Friday, that the biggest problem in Ulrika care facility has been insufficient numbers of care workers and lack of a responsible*

person". One employee of Valvira gets also singled out and personalized; Reija Kauppi, a lawyer. The way she is presented also further strengthens the powerful inclusion of Valvira. First, she is presented rather neutrally as *"the lawyer of Valvira, Reija Kauppi"* but later she gets referred to as *"Kauppi of Valvira"*. Her connection to her employer Valvira is clearly observable in the article, as she appears as a spokesperson of Valvira.

- Reija Kauppi, the lawyer of Valvira is also presented as an included, active social actor. In this article she is also an active influencer who gets presented through her occupational status, therefore appearing in a functionalised role. Kauppi, as Valvira too, has an active voice in the article. Kauppi engages in actions such as confirming, saying and stating. Description of the events proceeds according to comments from Kauppi. She appears as an individualized, singled out actor although her position seems to be a subordinated one to her employer, Valvira. Reija Kauppi is in most of the instances referred to by her surname.
- The general inspector of Valvira, Elina Uusitalo is introduced in the last paragraph of the article. Short comment from her makes the headline for the last paragraph *"The general inspector of Valvira: An exceptional case"*. Writing a statement coming from Uusitalo using the head inspector of Valvira underlines her professional expertise and the authority of Valvira. Uusitalo as a social actor is in an included, active role. She is mainly giving out information about Valvira's decision to suspend Esperia Care's permission to run the care facility. The section is written in the following manner *"by the order of Valvira according to Uusitalo"*. Uusitalo's role in the article seems similar to the one that Kauppi has, being the informant of Valvira. Therefore Uusitalo's actions seem legitimized too. Uusitalo is presented through her professional status, which indicates her social role to be a functionalised one. As a social actor, Uusitalo is individualized and also personalized as she gets referred to by her name.
- Other governmental and municipal actors mentioned in the article are the ombudsman of social affairs (masculine version used in the article, not the gender-neutral ombudsperson version) and the Regional State Administrative Agencies of West and Central Finland. All these actors are present in one paragraph, where also another media outlet Helsingin Sanomat also gets mentioned. *"The death case was reported on earlier on by Helsingin Sanomat. After an announcement from the ombudsman of social affairs the Regional State Administrative Agencies of West and Inland Finland engaged in supervising actions"*. The city of Kristiinankaupunki is also present one time as a passivated social actor *"The care responsibility has been transferred to the city of Kristiinankaupunki"*. Another time the city is presented in an activated role: *"The director for basic security of Kristiinankaupunki Christian Lindedahl takes no stand to the death case, but he told the STT (Finnish News Agency) on*

Friday that the city has taken responsibility for the care given in the care facility.” With the terms city, Kristiinankaupunki and Kristiina (which appears to be a nickname styled short version of the city’s name), the reporter most likely refers to a variety of municipal actors employed by the city of Kristiinankaupunki.

- The basic security director of Kristiinankaupunki Christian Lindedahl has been named the responsible manager for care facility Ulrika that is now operated by the city of Kristiinankaupunki. The second paragraph starts with a headline that is a comment from Lindedahl *”The basic security director of Kristiina: The caring responsibility of the care facility for the city”*. Lindedahl is presented in an included and activated role, who has a voice in commenting on and giving information on how things will operate now with a new care provider in the old facility. He is presented as an active decision-maker and informer on how things will be organized from now on. Lindedahl’s actions seem legitimized, as he assures that care will be adequate from now on. Lindedahl as a social actor is in a functionalised role as he gets presented through his occupational role. Lindedahl’s role is also an individualized one, as he is the only one who gets singled out from other city officials. Lindedahl is referred to by either his full name, his surname or as in the headline, his professional title. This indicates that as a social actor he is personalized.

Care workers

- Care workers are mentioned on a few occasions but excluded as social actors. The care workers get dismissed by being backgrounded in the text. This is a form of partial exclusion of a social actor. The social role of care workers is a passivated one, as they are merely withstanding actions. Care workers are mostly talked about in connection of how many of them there should be at the care facility or how the inadequate number of care workers have led to problems in estimating the care needs, fulfilling basic care needs, medical care and care information of the residents in care. Later on, there is a mention that now there are enough care workers (when the city took over the responsibilities) in a comment from Lindedahl *”There are enough care workers in each shift. If additional help is needed, it will be available from the health care centres of Kristiina”*. Uusitalo also gives a comment relating to the care workers: *”Inadequate staff numbers, according to Uusitalo, have led to practices in the care facility that are unlawfully restricting the right to self-determination of the residents”*. One time care workers also get referred to as staff. In the article the care workers are not themselves engaged in any activity, therefore we can not assess whether their actions are legitimized or delegitimized. Despite their minor role in the article, care workers as social actors are still functionalised, as they are referred to according to their occupational role. Care workers are highly assimilated in the text. The assimilation almost resembles aggregation, treating the care workers as statistics sort of manner

of writing, as the care workers get frequently referred to through numeric and quantitative concepts. They always get referred to as a group as single actors never get selected or pointed out. There is also a little fact section about Esperi Care, where there is a brief mention that the company employs more than 6000 care workers, from whom the majority are nurses and practical nurses. This could be regarded as a functionalising description of the care workers, where their professional titles get indicated.

Residents in care

- Residents in care are included as social actors, but they are presented in very passivated roles. They are the ones at the receiving end of inadequate care standards, and the ones who need to be picked up and the ones whose right to self-determination is being restricted, always appearing in passive forms in these descriptions and never as active makers or influencers. In the article the elderly residents are not engaged in any actions, therefore we can not come to any conclusions about the possible legitimacy of their actions. Residents in care appear as identified social actors, they get presented as what they are; customers, residents, elderly people or people with memory disorders. Identification of the residents as a social group can be connected to the societal conceptions of age. Being of old age, having care needs and some diagnoses are the only way the residents in care are referred to. Residents in care get divided into two groups according to the municipality they are registered to; people from Kristiina and people from Kaskinen. *"All the customers from Kristiina (17) will stay in Ulrika. Customers from Kaskinen have been or will be picked up"* in an explanatory comment by Lindedahl. Residents in care are assimilated, talked as a group for most of the instances, but there are a couple of cases where elderly residents are individualized and singled out. The deceased resident in care gets singled out already in the subheadline: *"One resident is suspected to have died due to malpractice"*. The deceased resident who was in care gets mentioned four times, using the terms such as *"one person and the death case"*. Another resident in care gets singled out too towards the end of the article. A family member, Alf Edberg has been asked to come to get his mother from the care facility. Residents in care are in most of the instances impersonalized. Someone being called mother by their family member is the closest the residents in care get to being personalized in this article. The information section about Esperi Care tells that the company has residential care facilities for 8000 residents in the whole country. This also sounds like treating elderly residents numbers, which could hint to use of aggregation in describing them as social actors. Additionally to elderly care, Esperi Care offers residential services to people rehabilitating from mental health or substance abuse issues, people with disabilities and foster care services for children the information section tells the reader.

Families of the residents in care

- Families of residents in care have a very small role in the article. They are mentioned to have been invited to an information event by the city. One family member is included, activated role. Alf Edberg from Kaskinen has arrived to pick up his mother and comments: "I received a phone call at 11 am that I must pick up my mother at 3 pm. She has been here for three years". Edberg appears in an active maker role from one hand, but on the other hand, it seems as he just has to do as he is told to do. His action to pick up his mother seems legitimized. His social role is identified in this article, as he is presented as a family member of a resident in care. He gets individualised and personalized through being referred to with his full name.

Esperi Care, the company

- Esperi Care is an active, included social actor in one instance at the actual body of text "*Esperi Care did not comment on the issue for Finnish News Agency (STT)*". Otherwise, information is given about the company in a bullet point information section on the side of the article. Terms Esperi Care and company are used. Esperi Care is an active maker that has care facilities around the country, has 8000 places in residential care facilities and over 6000 workers. The managing director, Marja Aarnio-Isohanni is named and therefore individualized from other employees of the company. She also gets personalized when she is referred to by her name. In light of the information, the actions engaged by Esperi Care do not seem legitimized in the article, although the manner of writing remains very neutral in connection to the company. Esperi Care, if regarded as a social actor would be in a functionalised social role, presented through what they do.

The managerial staff of Esperi Care

- The managerial staff of Esperi Care is mentioned only in the instance when there is a mention that there has been no responsible person. Therefore managerial staff here is nonexistent. Despite this, there is a mention that a responsible person would be the one having the best information about the care needs of the residents and required staff numbers in a comment from Kauppi.

Other social actors present

- Other social actors that are mentioned are the Finnish News Agency (STT) from where the information for the first chapter of the article came from and Helsingin Sanomat, that has previously reported about the death case.

Excluded social actors

- Labour union representatives and assisting staff are the radically excluded social actors in this article.

5.3 Social actors in the elderly care crisis of 2019

The social actors appearing the most often are the governmental and municipal authorities. They get frequently interviewed and in these instances, they tend to possess the "active narrator/expert" role. Governmental and municipal actors refer to actors such as Valvira, the National Supervisory Authority for Welfare and Health, Regional State Administrative Agencies, municipalities, the city of Kristiinankaupunki and the ombudsperson for health and social affairs. Valvira (National Supervisory Authority for Health and Welfare) or one of the Avi's (Regional State Administrative Agency) are included in all of the articles in the data pool. Not a single article is written without referencing these two governmental actors. Altogether six employees of these governmental agencies get introduced. All of them are in personalised and active roles. Five general inspectors are included in the articles; Mari Saramaa, Anssi Tulkki, Elina Uusitalo (in three different articles), Päivi Vainio as well as one former inspector Aija Ström. Additionally, Reija Kauppi, a leading lawyer of Valvira is present in two different articles. Social actors representing Valvira and Avi are included in the discourses of the articles more frequently than other municipal or governmental social actors. Governmental actors that get personalized are all in high end positions of their fields professional hierarchy. All of these actors that get individualized, singled out by their names and given a lot of space to comment on the phenomenon represent a high-end of their professional hierarchy. They are all in functionalized roles due to their professional roles. In the articles, they appear in expert roles and their comments further the storylines of the news articles. They also have the highest number of appearances in the articles in total. Additionally to the high numbers of inclusion in the articles, governmental and municipal actors typically occupy social roles that are included and activated. Their actions seemed to be as a rule taken as legitimized, due to their established position in the society. The governmental actors, especially the inspectors of Valvira are also given support by other social actors, which further legitimized their actions. An example of such endorsement is when another type of social actor, politician, the minister for the family- and basic services Annika Saarikko gives her support to the way Valvira has been dealing with the issue. She states that every elderly person deserves adequate and good care in her Tweet (Ilkka 27/01/2019).

Esperi Care, the company has been given quite an active role in the articles. The managing director Aarnio-Isohanni gets personalized, mentioned by her name in six of the eighteen articles analysed,

equaling one-third of the whole data pool. This makes her the most central actor in the data pool numerically speaking. She is the most frequently personalized actor from the company present in the articles. Esperi Care, as a company is engaging in activities such as promising to hire more staff and admitting to past actions of the company. She is not active in the same way as the governmental actors, as the comments that she is giving seem to mainly respond to critique the company has received, often in an apologetic manner. Not only the managing director, but she also owns shares of Esperi Care company (Ilkka 27/01/2019). The shares Aarnio-Isohanni owns from Esperi Care as well as her resigning from the position of the managing director get noted in the media articles. Her other, hundreds of board memberships, income and unearned income reaching millions as well as the supposed idea of her "celebrating elsewhere somewhere in a tax haven" get all published in a comment to an article in Ilkka (30/01/2019). In the same article, Aarnio-Isohanni's comments she gave in a publication for administrative professionals from a couple of years ago, got published. "In the care sector the staff expenses are equivalent to 60% of the turnover and if they were to rise let's say 10%, it would mean 12 million and all of that would be away from the total". These kinds of comments get directly blamed as grotesque, making the writer of the article "feel nauseous" according to her own words. In this instance, Aarnio-Isohanni is directly criticized or even (personally) blamed for the state of affairs. She is the only social actor that gets written about in this emotionally loaded and opinionated manner, which seems rather atypical for the articles analysed. Aarnio-Isohanni can be regarded as the central personalized actor from Esperi Care and to some extent the scapegoat for the whole elderly care crisis.

Other social actors from Esperi Care presented in the articles are resource manager Tuija Antila and regional manager Kimmo Karvonen in an article by Yle (28/01/2019). They did not want to give any comments to Yle regarding the situation in Ulrika. Communications manager of Esperi, Tero Valtanen is presented as he is delivering comments from Aarnio-Isohanni when she refused to give an interview to Yle (28/01/2019). In the same article, which is an investigation about several elderly care facilities managed by Esperi there is also a notion that reporters from Yle were not let into a care facility called Vehkahovi in Hamina. These kinds of instances could be interpreted as the company representatives not being very willing to be in contact with the reporters writing about the elderly care crisis. In another article by Yle (28/01/2019) Aarnio-Isohanni is again not reached to comment on the issue. This article highlights how Esperi Care has not been paying corporation taxes to Finland. Aarnio-Isohanni's annual earnings from 2016 from Esperi Care are told to have reached altogether 5,8 million euros.

Three labour unions are involved in the media discourses of the articles. Tehy, the largest labour union at social and health care sector, SuPer, the union for practical nurses and JHL, the largest union for the welfare sector. Personalized actors from those are the leading lawyer of Tehy Vappu Okkeri, the president of SuPer Silja Paavola and the president of JHL Päivi Niemi-Laine. Okkeri is included in three of the articles. Also regarding the labour union representatives, the high professional ranking seems to give a social actor's personalized visibility in the media reporting. Social actors get individualized due to being presented in functionalised roles, through their (high end) professions. They both appear in expert positions and their comments towards the state of affairs appear more critical than for example the governmental actor's comments. The comments from labour union representatives appear protective of the care worker's and elderly residents and in some of the instances very straight forward condemnatory towards the company Esperri Care. For example in an article in Ilkka (27/01/2019) the subheadline: "Paavola of Super: Care facility like from a horror scenario". Okkeri also gives a very strong comment in Yle (26/01/2019): "Problems with inadequate staff numbers are clearly more serious and wider in private care facilities than in care facilities managed by the municipalities or cities themselves". In an article by Ilkka (28/01/2019) JHL, the labour union for welfare sector claims that the municipalities have had to organize care in hardened conditions due to budget cuts introduced by the government of Juha Sipilä. Juha Sipilä denies the claim and argues that the municipalities are at a better financial situation and therefore have better preconditions to organize elderly care. This is again an example of labour unions taking powerful stands, in this instance against a politician.

Care workers are rarely actively included in the discourses of the articles. Mostly they are written about in connection to how there is not enough of them, in a comment by someone else. The role of the care workers seems to be almost victimized, as they do not engage in many actions besides having to work in unlawful conditions and having to take on tasks actually belonging to the assisting staff. The only time that a care worker is actively included in the media discourse is the presentation of a practical nurse, Miisa Järvinen. She is actively included in the data pool as an individualized and functionalised social actor. This is in an article by Ilkka from the 31st of January 2019. Interestingly, she is not working and has not worked in Ulrika or any other care facility run by Esperri. She is employed in Kauhajoki by an organization called Vanhaintuki. The organization has been granted honourable mentions of being a social enterprise and key flag price by the Union of Finnish work. This chapter where she is included seems to be an extra chapter at the end of a long article about Ulrika, showing the readers different ways of organizing residential elderly care. Järvinen, in her comments, says that she believes that all care workers in all facilities are trying to do their best, but

for example, you can not be in two places at one time. She describes her working conditions: "Here are enough care workers. Days are full of work, but we get everything done. This is a flexible working place with a nice team. The residents all have their own personalities and that is a good thing."

In a few instances, the care workers also get referred to with inhumane words, in comments reminding that they are still people or questioning their real-life presence. These could be noted as cases of impersonalisation. Nina Sundberg, a passer-by from Kristiinankaupunki: "They should get more care workers. One person can not care for 8 or 10 elderly persons. The care workers are also humans, not machines" (Yle, 28/01/2019). Rauli Marjamäki, a son of an elderly resident states the following to Yle (31/01/2019): "Care workers are the slaves of Esperri. There are too few of them and they have no time to do everything. On the other hand, I have a feeling, that the care workers are also protecting their working place". In Yle (28/01/2019) there is also a comment considering the notion of how real the care workers actually are: "Roster lists have been made with "ghost nurses", which is the reason why shifts were running without adequate staff numbers. Term "ghost nurse" refers to a person who is at the roster but in reality, is not coming to work or even not working at the care facility". When care workers get described with words such as machine, slave and ghost nurse, we can evaluate whether it is downplaying them as human beings or could we just see these comments (that all seem to be aware of the troubled situation of the care workers during the crisis) as searching for shock value of how things can be the way they are or attempts to highlight the difficult situation the care workers are in.

Residents in care have very small roles in the articles. Their role is identified, they get presented according to what they are; elderly people and in some instances also as people of old age but with memory disorders or a weak general condition too. None of the residents is referred to by their names, their role remains impersonalised in all of the articles. In two occasions a resident gets singled out; the deceased elderly resident who is suspected to have died due to malpractice (Yle 25/01/2019 and Ilkka 26/01/2019) and one elderly resident who gets referred to as mother Alf Edberg, the family member that needed to come to pick her up (Ilkka 26/01/2019). In one occasion the elderly residents get divided in two according to if they are from Kristiinankaupunki or Kaskinen because the residents from Kristiinankaupunki stayed and resident from Kaskinen got transferred elsewhere. The role of the elderly patients is very passivated, they do not engage in actions themselves but are getting transferred to other places or are receiving inadequate care. In two instances a person of old age is given an active, individualised and personalised role. Interestingly, in both of these occasions, the person is not and has never previously lived in Ulrika or any other care facility owned by Esperri Care. A member of the local Council for the Elderly, Pekka Koskinen gets introduced in an article by Yle

(28/01/2019). This can be regarded as one of the two occasions where the elderly part of the population in some form has a say in the media discourse during our observed time period. Although we must acknowledge, that this is still not the same as publishing comments from the elderly having experienced the living situation in Ulrika themselves. Koskinen sees the developments as very worrisome. He clarifies that the general feeling at the council is that the elderly people should be cared for by a public care provider. Koskinen is afraid, that according to the current developments the prices of care services will skyrocket. Koskinen comments to Yle: "We were on an excursion at one private care facility. A lot was offered there, but as we started talking about prices we realized, that no-one from the members of the Council of the Elderly could afford those prices." Another elderly person who gets an included, active role to give one comment is Aune Runsala in an article by Ilkka (31/01/2019). Runsala lives in a multiple award-winning elderly care facility owned by a non-governmental organization called Vanhaintuki. In her one comment, Runsala explains: "It is good to be here. The food is good and the care workers have time" tells Aune Runsala, who is living in a care facility called Männikkökoti for her second year.

Assisting staff and lower managerial staff of Esperri have very minor appearances in the articles analyzed. Two of the articles mention the issue that when assisting staff is not hired, the care workers will have to spend time on tasks like cleaning, cooking and preparing meals. In one instance in an article by Yle (30/01/2019) the assisting staff gets functionalised and their actions legitimized by exact notions of their professions which are care assistants, cleaners and cooks. Listing their professions seems to serve the function of crediting the value of their work too. The importance of the assisting staff is noted by writing that there are no regulations concerning hiring them, but if they are not there the care workers will lose time from the actual caring functions of their jobs. The lower managerial staff of Esperri Care gets mentioned in very similar circumstances – for a reason unknown, there has been no responsible person in Ulrika. This issue gets mentioned in several articles. These workers (other than care workers) have not been existing in Ulrika according to the news reports.

Families of the residents in care get allocated rather small roles in most of their appearances in the media discourse. In two instances a family member gets personalized by calling him by his name; Alf Edberg (Ilkka, 26/01/2019 & 27/01/2019) and Rauli Marjamäki (Ilkka, 31/01/2019). They are both sons of residents of Ulrika. Alfberg has been asked to pick up his mother from Ulrika and he tells that his mother has been living there for two years. His appearance is very brief (Ilkka 26/01/2019). Marjamäki is given a bigger role. He used to care for his mother before she moved to Ulrika and he gives Ilkka an interview about his own and his mother's experiences in Ulrika. He explains how another resident pushed her mother causing her to fall on the floor. His mother was kept in her room

behind locked doors to protect her from this other resident who pushed her. Marjamäki's mother's calls to get assistance were not answered to and she was left alone in her room. She got wounds on her shins when she fell and the treatments of those wounds needed to be taken care of by Marjamäki himself. When he left town for Christmas holidays, the wounds got infected. Marjamäki expresses worry for her mother and frustration towards the situation in his comment: "The authorities from Kristiinankaupunki ought to do some soul-searching even though Esperri Care is the one who has been stumbling. If my mother would not be so positive and self-directed, she hardly would be here anymore."

The families of residents in care also appear in an active role despite not being personalized where they have been contacting SuPer labour union after the one care worker reported the conditions in the care facility. In a comment by Paavola "They (the families) have said, that our (labour union) member has acted exemplary and that they can come to court to prove that he/she/they is a good care worker" (Ilkka 27/01/2019). Apart from these instances, the families of the residents are just mentioned as one party getting invited to an information event about the city taking responsibility of Ulrika (Ilkka 26/01/2019).

Politicians also make frequent appearances in the media discourse. They get routinely allocated active, individualized roles and they always get presented through their title and name. The politicians are routinely presented in activated expert roles and their comments seem to hold high legitimacy. In most of the instances, the politicians are commenting on the conditions in Ulrika and condemning them. In a couple of instances, there is an active discussion about what could have been done differently to prevent the conditions in Ulrika and how the opposition could collectively react to the events (Ilkka 30/01/2019). These instances take a very similar course when other governmental or municipal actors are included. The conversation often gets distanced from the practical events that occurred. An example from Ilkka (30/01/2019): "When the elderly care law was being complained, Maria Guzenina, a minister from the Social Democratic Party did everything she could to include a strong obligatory element to the law, but at that time minister Risikko (speaker of the Parliament, from the National Coalition Party) did her best to prevent the inclusion of the obligatory element", Mäkynen (the chairman of the Social Democratic Party in Ostrobothnia) explains. This instance could be interpreted as an occasion of trying to find a culprit too. There is also an incident in an article by Yle (30/01/2019) where the government led by the Center Party's Juha Sipilä gets blamed for the developments in the private elderly care facilities. "The care providers tendency to keep the care facilities running with as few care workers as possible was noticeable as soon as Juha Sipilä's (at the time the Prime Minister from the Center party) government announced the budget cuts and

dismantling of norms in care provision according to Valvira.” In an article from Yle (30/01/2019) a comment from the vice-chairman of the Social Democratic Party, Sanna Marin, links the elderly care crisis with the contested reform of social and health care services. Marin states that the interpellation of the opposition should not concern only the elderly care services but also the reform of social and health care services. The problems are only in elderly care, but the discussion about the interpellation should concern the disability support services too according to Marin.

An article from Yle (28th of January 2019) involves some exceptional social actors that present a type of social actors that are present only in this article. Two (apparently) passersby's get interviewed at a street in Kristiinankaupunki. These social actors, introduced by their names; Ritva Jormanainen and Nina Sundberg both get individualized and personalized in the article. They both are giving a few comments about the situation in Ulrika. Both condemn the state of affairs and express worry for the elderly residents. Article from Ilkka (28/01/2019) also includes comments from a passer-by from Kristiinankaupunki. She also gets to comment and is individualized and personalized as a social actor. Soile Hiisiö is her name and according to her, it is useless to blame only Esperi Care. In her opinion, all private large care corporations should be inspected.

Central actors holding power in the articles are from high-end professionals from the governmental agencies and the municipality of Kristiinankaupunki, Esperi Care company and the labour unions Tehy and SuPer as well as the politicians. These social actors get presented in emphasized social roles. According to the data analyzed, high professional status is the way to achieve a proper presentation and a voice in media discourses. Powerful, expert actors are giving the statements that are building the news stories, therefore the category of functionalisation (being presented in connection to professional role or activities engaged in) seems to be the most crucial one. From the categories of Van Leuwen (1995) alongside with functionalisation the expert actors are also routinely individualised, personalised and their actions legitimised. Governmental actors seem to be chosen as the expert source to comment on the elderly crisis phenomenon, followed by labour unions, both giving powerful statements about how things are and what should be done. Comments from Esperi Care seem to be of interest too, but they represent a different type and are much less frequent. In the data analyzed, the comments from Esperi Care company representatives appear to be reactionary responses to the critique and questions they have been receiving. Comments are declaratory and even apologetic from their nature.

Care workers, coming from lower professional backgrounds get given a very small role in the news discourses. No-one from the workers of Ulrika gets singled out and no-one from them either gets to comment on the issue. The experiences and thoughts of care workers and elderly residents do not

seem to be a point of interest in the media reporting, which is interesting, because these are the social actors alongside with the elderly residents that have first hand experienced what happened in the care facility, Ulrika. The care workers are most commonly referred to in connection with numeric concepts; how there are not enough of them, how many of them there should be and what is and should be the legally required staff number minimum in elderly care facilities. The role of the care workers in the media discourse is minimal and rather neutral. From the categories in the framework of Van Leeuwen, the most significant ones concerning the care workers in the data set are the categories of assimilation and passivation. The legally required minimum number of care workers to an elderly resident ratio in elderly care is frequently mentioned and discussed in the media discourse (eg. Ilkka, 30/01/2019 & Ilkka 31/01/2019). At the time being, the ratio is 0,5 care workers per an elderly resident, meaning that ten elderly residents in care equal five care workers in public elderly care facilities offering intensive care services too. With private care providers, the care worker ratio depends on the contract negotiated with the municipality and the permission for operations granted by Valvira or Regional State Administrative Agencies. (Laki ikääntyneen väestön toimintakyvyn tukemisesta sekä iäkkäiden sosiaali- ja terveystalveluista, 28.12.2012/980).

In the media discourse about Ulrika, the care workers are just dismissed to a large extent. The only care worker given an active voice in the whole data pool is Miisa Järvinen, a practical nurse who works in a different, award-winning elderly care facility (Ilkka, 31/01/2019)). In the data analyzed, there is no blaming paradigm towards the care workers, which Jönson (2014) identified in the media reporting during the Swedish elderly care scandal. In this case, the blame is mainly cast on Esperio Care and especially the managing director Aarnio-Isohanni and to some extent to the budget cuts the prime minister Sipilä's government introduced.

The case is very similar with the elderly residents of Ulrika than the care workers. Their role is very small, no-one is singled out, named or getting to comment on anything. The one unfortunate resident who has died in the care facility in suspicious circumstances is the one receiving the most attention. The elderly residents have an unquestionably small role in the media presentation and the central category appears to be the category of identification. The residents are minorly presented as what they unavoidably are, as belonging to a disadvantaged social group due to their age and decreasing abilities. The experiences of elderly residents are largely dismissed. The blatant problems in care seem to have some kind of shock value in the media reporting, but also then steering the focus towards the events themselves and not in the sufferers. Similarly to the care workers, it seems rather peculiar that the only elderly people who get given an active role in the media presentation have actually nothing to do with Ulrika. They have never lived there and there is not a mention of them even visiting

there. The elderly persons included in the media discourse are Aune Runsala, living in an award-winning elderly care facility and in her only comment praising the living conditions she has in her care place (Ilkka 31/01/2019) and Pekka Koskinen who is a member of the local Council for the Elderly (Yle, 28/01/2019). In his comment, Koskinen wishes for more public elderly care provision and is worried about the prices of privately provided care but is also not directly commenting anything about the incidents in Ulrika. The missing of the active inclusion of both care workers and residents of Ulrika care facility is one of the most conspicuous qualities in the data set. Therefore we can conclude that the care workers and elderly residents are the social actors with no access to power regarding the image the media has constructed of them. The care workers and elderly residents are presented in de-emphasized roles.

6 DISCUSSION AND CONCLUSIONS

In the care crisis discourse of 2019, the emphasized social roles on the media reportings are allocated to high-end professionals from governmental and municipal bodies, the company representatives of Esperi Care and politicians from both the government and the opposition. They get systematically presented in valued social roles based on their professional expertise in the media reportings. These social actors are routinely interviewed and given space to comment on the events as part of the media reporting style. This group of affluent, emphasized social actors are given activated, personalised and functionalised roles in the media discourses.

The de-emphasized roles in the media presentations are routinely allocated to the less powerful social actors who possess less or no professional expertise and who also have experienced the care crisis themselves; the care workers and residents in care. These social actors, who we could also assume to have suffered personally from the working conditions or the quality of care, are not interviewed nor given space to tell about their experiences in the care facility Ulrika in the articles analyzed. Care workers and the residents in care are often allocated passivated and not personalized roles. Care workers still get referred to in connection with their profession and therefore are mostly in functionalised roles. This does not apply to the elderly residents because they mostly get referred by following what they more or less permanently are, people of old age. Therefore their social roles in the media presentations are often identified ones.

Minimal presentation or straight forward exclusion of the elderly residents in media reporting was noticed to have happened similarly in the Swedish elderly care scandal according to Jönson (2014). He conducted a framing analysis of the Swedish elderly care crisis analyzing media articles, television

and internet debates as well as documentaries, court hearings and expert interviews. He concluded and identified that there is a missing frame "Ageism as the problem or the anti-ageism frame". He argues that as the elderly residents are the ones suffering the most from the low quality of elderly care services, they should be placed in the centre of the discussion. He claims that making the discrimination against this age group visible in the public discussion would grant the elderly people their rights to full social citizenship and empower them. (Jönson, 2014.)

Similarly to Jönson (2014), we could argue that studying media is important because media has the power to shape the form that discourses take. According to Jönson (2014), the same type of rhetorics introduced by the media can travel to other settings, such as statements from governmental, municipals and organizational actors and even juridical discourses. Therefore identifying problematic paradigms when they are at the stage of media discourses, can be meaningful in the understanding of the language used in other circumstances too.

Observing the Finnish elderly care crisis in the light of the conclusions that Lloyd et al. (2013) came, we could argue similarly that regardless of the levels of neutrality, or even truthfulness of the social actor presentation in the media reporting, the care crisis in media has received a lot of public attention which can be seen as a good thing because it could have affect future policymaking. From the stands of two significant social actor groups in the analyzed media articles, we could only make guesses about if the media crisis could in real life influence future designs of elderly care policy. Both politicians and a wide selection of governmental and municipal authorities condemn the suspected malpractices in private care facilities and at some instances directly demand for better treatment and care for the elderly. One example from the data about politicians taking a stand towards the elderly care crisis is from Ilkka (31/01/2019) where there is a description about the whole opposition initiating an interpellation about the current state of elderly care. The opposition in the interpellation criticizes both the lowered minimum staff requirement numbers and budget cuts in elderly care introduced by the government of Juha Sipilä.

Possible limitation for this study stems from the fact that the articles forming the data pool were first translated from Finnish to English. Even though the translation was completed as accurately as possible, we must note that something might still be lost in translation. Another limitation could be the limited scope of this study. Perhaps a longer time frame, more media outlets and publications included in the analysis or more analysis categories from the framework of Van Leeuwen (1990) would have resulted in a more comprehensive picture of the social actor representation in the media care crisis discourse.

An idea for a future study could indeed be a study about the care crisis with a longer time scope. Future research could enlighten how the media discourse evolved further from the endpoint of the timeline analyzed in this paper. Perhaps even some kind of endpoint for the media discourse for the crisis could be defined and then compare whether the social actor representations evolve over a longer time period in the media, or whether they stay similar throughout the media presentation of the incident.

REFERENCES

- Amer, M. (2017). Critical discourse analysis of war reporting in the international press: the case of the Gaza war of 2008–2009. *Palgrave Communications*, Palgrave Macmillan, vol. 3(1), (pp. 1-11)
DOI: 10.1057/s41599-017-0015-2
- Anttonen, A., & Häikiö, L. (2012.) From social citizenship to active citizenship? Tensions between policies and practices in Finnish elderly care. In Tonkens, E., & Newman, J. (Eds.), *Participation, Responsibility and Choice: Summoning the Active Citizen in Western European Welfare States*. Amsterdam: Amsterdam University Press. (pp. 69)
- Anttonen, A., & Häikiö, L. (2011.) Care "going market": Finnish elderly- care policies in transition. *NJSR: Nordic Journal of Social Research*. 2011: Special Issue. (pp. 75-76.)
- Anttonen, A., Valokivi, H. & Zechner, M. (2009.) *Hoiva: Tutkimus, politiikka ja arki*. Tampere: Osuuskunta Vastapaino. (pp. 11.)
- Barnes, M. (2006.) *Caring and Social Justice: Perspectives on Care and Care-Giving*. Houndmills, Hampshire: Palgrave MacMillan. (pp. 10-11.)
- Beadnell, C. (2006.) Putting the 'care' back into aged care. *Australian Nursing Journal: ANJ; North Fitzroy* Vol. 13, Issue. 9, (Apr 2006): 24-7. (pp. 24-27.)
- Blackman, T. (2001.) Social Care in Europe. In Blackman, T., Brodhurst, S. & Convery, J. (Eds.), *Social Care and Social Exclusion. A Comparative Study of Older People's Care in Europe*. Hampshire: Palgrave Macmillan. (pp. 12-13.)
- Bollnow, O. (1966.) *Crisis and New Beginning. Contributions to Pedagogical Anthropology*. Pittsburgh: Duquesne University Press. (pp. 1-4, 47-59.)
- Burton, G. (2010.) *Media and Society: Critical Perspectives*. (2nd ed.) Maidenhead: McGraw-Hill Education. (pp. 232, 228-229.)
- Brechin, A. (1998.) What makes for good care? In Brechin, A., Walmsley, J., Katz, J. & Peace, S. (Eds.), *Care Matters: Concepts, Practice and Research in Health and Social Care*. London: SAGE Publications Ltd. (pp. 171-180.)

- Bridge, C. & Kendig, H. (2005.) Housing and older people: Environments, professionals and positive ageing. In Minichiello, V. & Coulson, I. (Eds.), *Contemporary Issues in Gerontology: Promoting Positive Ageing*. London: Routledge, Taylor & Francis Group. (pp. 144-145.)
- Chappell, N. & Parmenter, G. (2005.) The Challenge of Caregiving. In Minichiello, V. & Coulson, I. (Eds.) *Contemporary Issues in Gerontology: Promoting Positive Ageing*. London: Routledge, Taylor & Francis Group. (pp. 167.)
- Chilton, P. & Schäffner, C. (2002.) *Politics as Text and Talks: Analytic approaches to political discourse*. Amsterdam: John Benjamins Publishing Company. (pp. 2-5.)
- Coburn, J. (1974.) *I See and Am Silent. A Short History of Nursing in Ontario*. Toronto: Canadian Women's Educational Press. (pp. 126-163.)
- Cooter, R. (2009.) Crisis Perspectives. *The Lancet*, Volume 373, Issue 9667, 14–20 March 2009, (pp. 887.)
- Committee on Crisis Standards of Care. (2013.) *Crisis Standards of Care: A Toolkit for Indicators and Triggers*. Board on Health Sciences Policy. In Hanfling, D., Hick, J. & Stroud, C. (Eds.) *Institute of Medicine of the National Academies*. Washington D.C: The National Academies Press. (pp. 17.)
- Cross, J. (2008.) Linguist list 19.3676. Review: Discourse analysis: Van Leuwen (2008.) *Discourse and Practice*. Retrieved March 5, 2020 from <https://linguistlist.org/issues/19/19-3676.html>
- Dagenais, B. (1992.) Media in Crises: Observers, Actors or Scapegoats? In Raboy, M. & Dagenais, B. (Eds.) *Media, Crisis and Democracy – Mass Communication and the Disruption of Social Order*. London: Sage Publications. (pp. 120-121.)
- Davies, C. (1998.) Caregiving, Carework and Professional Care. In Brechin, A., Walmsley, J., Katz, J. & Peace, S. (Eds.) *Care Matters: Concepts, Practice and Research in Health and Social Care*. London: SAGE Publications Ltd. (pp. 126-128.)
- Dumas, A. & Turner, B. (2009.) Aging in Post-industrial Societies: Intergenerational Conflict and Solidarity. In Powell, J. & Hendricks, J. (Eds.) *The Welfare State in Post-Industrial Society: A Global Perspective*. Heidelberg: Springer Dordrecht. (pp. 42.)
- Eurostat, (2017.) *People in the EU – Statistics on demographic changes. An ageing population*. Retrieved November 14, 2019 from <https://ec.europa.eu/eurostat/statistics->

explained/index.php/People_in_the_EU_-

_statistics_on_demographic_changes#An_ageing_population

Esping-Andersen, G. (1985.) *Politics against markets: the social democratic road to power*. Princeton: Princeton University Press. (pp.145-149.)

Esping-Andersen, G. (1990.) *The Three Worlds of Welfare Capitalism*. Cambridge: Polity Press. (pp. 28.)

Esping-Andersen, G. (2002.) *Why We Need a New Welfare State: A New Gender Contract*. Oxford: Oxford University Press. (pp. 74-75.)

Fairclough, N. (2001.) *Language and Power*. (2nd ed.) *Language in Social Life Series*. Essex: Pearson Education. (pp. 28-29, 41.)

Finnish Institute for Health and Welfare, (2019.) *Ageing policy: Finland is rapidly ageing*. Retrieved November 15, 2019 from <https://thl.fi/en/web/ageing/ageing-policy>

Fink, J. (2004.) *Questions of Care: Conceptualizing care, caring and carers: assumptions and contradictions*. In Fink, J. (Eds.) *Care: Personal Lives and Social Policy*. Bristol: The Policy Press in association with the Open University. (pp. 5.)

Finlex.fi, (2019.) *Laki ikääntyneen väestön toimintakyvyn tukemisesta sekä iäkkäiden sosiaali- ja terveyspalveluista*, 28.12.2012/980. Retrieved September 4, 2019 from <https://www.finlex.fi/fi/laki/ajantasa/2012/20120980>

Finlex.fi, (2019.) *Köyhäinhuoltolaki 145/1922*. Retrieved September 9, 2019 from <https://www.finlex.fi/fi/laki/smur/1922/19220145#saadoksen-nojalla-annettu>

Gill, R. (2007.) *Gender and the Media*. Cambridge: Polity Press. (pp. 58-59.)

Goffmann, E. (1977.) *The Arrangement Between the Sexes*. *Theory and Society*, Vol. 4, No. 3, pp. 301-331 Springer, JSTOR. (pp. 317.)

Glenn, E. (1992.) *From Servitude to Service Work: Historical Continuities in the Racial Division of Paid Reproductive Labour*. *Signs*, 18(1), 1-43. Retrieved March 5, 2020 from <http://www.jstor.org/stable/3174725> (pp. 23,-25, 28-29.)

Helsingin Sanomat, (2019.) (HS, 8.2.2019) *Viranomaiset määräsivät tammikuussa Alavudella aloittaneen Attendon hoivakodin toiminnan keskeytettäväksi – Yksikössä on kuollut kuusi asukasta*

vajaan kuukauden aikana, syitä selvitetään. Retrieved from April 18, 2019 from <https://www.hs.fi/kotimaa/art-2000005994446.html>

Hammersley, M. & Gomm, R. (2000.) Introduction: What is case study research? In Gomm, R., Hammersley, M. & Foster, P. (Eds.) *Case Study Method*. London: Sage Publications. (pp. 2-3.)

Hochschild, A. (1983.) *The Managed Heart, Commercialization of Human Feeling*. Berkeley: University of California Press. (pp. 17, 89, 147-148.)

Huhtanen, R. & Anttonen, A. (2012.) *Kunnan sosiaali- ja terveyspalvelujen yksityistäminen: Oikeudellinen näkökulma*. Tampere: Tampere University Press. (pp. 81-82, 95.)

Ienca, M., Shaw, D. & Elger, B. (2018.) Cognitive enhancement for the ageing world: opportunities and challenges. *Ageing & Society* (2019), 39, 2308–2321doi:10.1017/S0144686X18000491. Cambridge: Cambridge University Press. (pp. 2308, 2312.)

IndexMundi, (2018.) Finland Dependency Ratios. Retrieved June 14, 2019 from https://www.indexmundi.com/finland/dependency_ratios.html

IndexMundi, (2017.) Finland Age Structure. Retrieved September 2, 2019 from https://www.indexmundi.com/finland/age_structure.html

Ilkka, (2019.) *Esperi Care lupaa palkata lisää väkeä hoivakoteihinsa, Valvira selvittää koko yhtiön toimintaa. Ketjussa on myös yksittäisiä hyvin toimivia toimipisteitä, arvioi Tehyn lakimies*. Retrieved October 25, 2019 from <https://digi.ilkka.fi/ilkka/2568/?gatoken=dXNlcl9pZD01ZDZlODU3NTBmYTJjM2ZmMWM5YjdjOWQmdXNlcl9pZF90eXBIPWNlc3RvbQ%3D%3D>

Ilkka-yhtymä, (2019.) *Maakuntalehdet*. Retrieved October 5, 2019 from <https://www.ilkka-yhtyma.fi/web/yhtyma/corporate.nsf/www/Maakuntalehdet>

Johnstone, B. (2018.) *Discourse Analysis*. (3rd ed.) Hoboken: Wiley Blackwell. (pp. 175.)

Jutila, M. (2011.) Narrowing of Public Responsibility in Finland, 1990–2010. *Social Policy & Administration*. Vol. 45, No.2, April 2011, pp.194–205 (pp. 194-195.)

Jönson, H. (2014.) Framing scandalous nursing home care: What is the problem? *Ageing & Society* 36, 2016, 400-419. Cambridge: Cambridge University Press, 2014. (pp. 400-401, 405-406, 411-414, 416-417.)

- Kröger, T., Van Aerschot, L. & Puthenparambil, J. (2018.) Hoivatyö muutoksessa – Suomalainen vanhustyö pohjoismaisessa vertailussa. Jyväskylä: YFI Publications 6, 2018. (pp. 4-19, 20-28.)
- Kröger, T., Anttonen, A. & Sipilä, J. (2003.) Social Care in Finland. Stronger and Weaker Forms of Universalism (22-24). In Anttonen, A., Baldock, J. & Sipilä, J. (Eds.) The Young, the Old and the State. Social Care Systems in Five Industrial Nations. Globalization and Welfare. Cheltenham: Edward Elgar. (pp. 26-30.)
- Lehto, J., Vrangbæk, K. & Winblad, U. (2014.) The reactions to macro-economic crises in Nordic health system policies: Denmark, Finland and Sweden, 1980–2013. *Health Economics, Policy and Law* (2015) 10, 61-68. Cambridge: Cambridge University Press. (pp. 8-17.)
- Lloyd, L., Banerjee, A., Harrington, C., Jacobsen, F. & Szebehely, M. (2013.) It is a scandal! Comparing the causes and consequences of nursing home media scandals in five countries. *Emerald: International Journal of Sociology and Social Policy*. Vol 34, No. 1/2, 2014. (pp. 3-6, 10-14.)
- Lynch, J. (2003.) The Age of Welfare: Patronage, Citizenship, and Generational Justice in Social Policy. Center for European Studies Working Paper No. 111. Cambridge: Harvard University. (pp. 4.)
- Länsi-Savon Sanomat, (2019.) Attendo haluaa nyt rekrytoida hoiva-avustajia - palkka 125 euroa vähemmän kuin lähihoitajalla. Retrieved April 26, 2019 from <https://lansi-savo.fi/uutiset/lahella/684f485d-8f97-43eb-9862-ef5f5b2f2b43>
- Mediaauditfinland.fi, (2019.) Levikkihaku. Retrieved October 5, 2019 from <https://mediaauditfinland.fi/levikit/tilastot/levikkitrendihaku/>
- Melchior, F. (2004.) Feminist Approaches to Nursing History. *Western Journal of Nursing Research*, 2004,26(3),340-355. (pp. 343-345.)
- Ministry of Social Affairs and Health, (2019.) History: From Grand Duchy to Welfare State. Retrieved September 10, 2019 from <https://stm.fi/en/ministry/history>
- OECD Statistics, (2016.) Trade Unions and Collective Bargaining: Trade Union. Retrieved December 8, 2019 from <https://stats.oecd.org/Index.aspx?DataSetCode=TUD>
- Official Statistics of Finland (OSF), (2018.) Population structure, e-publication. ISSN=1797-5395. Helsinki: Statistics Finland. Retrieved September 2, 2019 from https://www.stat.fi/tup/suoluk/suoluk_vaesto_en.html

Official Statistics of Finland (OSF), (2018.) Population projection, e-publication. ISSN=1798-5153. 2018. Helsinki: Statistics Finland. Retrieved September 2, 2019 from https://www.stat.fi/til/vaenn/2018/vaenn_2018_2018-11-16_tie_001_en.html

Orloff, A. (2009.) Gendering the Comparative Analysis of Welfare States: An Unfinished Agenda. Chicago Northwestern University: American Sociological Association. (pp. 327-329.)

Statistics Finland, (2007.) Population development in independent Finland - greying Baby Boomers. Retrieved November 15, 2019 from https://www.stat.fi/tup/suomi90/joulukuu_en.html

Tehy, (2019.) Mediatiedote: Yksityinen hoiva on korjattava. Retrieved September 4, 2019 from <https://www.tehy.fi/fi/mediatiedote/tehy-yksityinen-hoiva-korjattava>

Tilastokeskus, (2019.) Concepts: Dependency Ratio (economic). Retrieved November 14, 2019 from https://www.stat.fi/meta/kas/tal_huoltosuhde_en.html

THL (National Institute for Health and Welfare), (2018.) Gender Equality: Centre for Gender Equality Information: Work. Retrieved March 26, 2019 from <https://thl.fi/en/web/gender-equality/gender-equality-in-finland/work>

THL (National Institute for Health and Welfare), (2019.) Demographic Change, Equality and Wellbeing. Towards integrated policies for ageing policies. Retrieved September 2, 2019 from <https://thl.fi/en/web/thlfi-en/whats-new/events/thl-s-eu-2019-side-events/demographic-change-equality-and-wellbeing>

Van Dijk, T. (2008.) Discourse & Power. London: Palgrave MacMillan. (pp. 54-58.)

Van Leeuwen, T. (1995.) The representation of social actors. In Caldas-Coulthard, C. & Coulthard, M. (Eds.) Texts and Practices: Readings in Critical Discourse Analysis. London: Routledge. (pp. 32-66.)

Van Leeuwen, T. (2018.) Moral Evaluation in Critical Discourse Analysis. Critical Discourse Studies. April 2018, Vol. 15 Issue 2, pp 140-153. Chart 1. (pp. 14.)

Williams, F. (1989.) Social Policy: A Critical Introduction. Issues of Race, Gender and Class. Cambridge: Polity Press. (pp. 47, 52, 56, 76.)

WHO, (2019.) World Health Organization, Europe. Health Topics: Patient Safety. Retried May 3, 2019 from <http://www.euro.who.int/en/health-topics/Health-systems/patient-safety>

WHO, (2019.) Adopting a healthy lifestyle helps reduce the risk of dementia – New WHO Guidelines recommend specific interventions for reducing the risk of cognitive decline and dementia. 14 May 2019. News Release, Geneva. Retrieved October 7, 2019 from <https://www.who.int/news-room/detail/14-05-2019-adopting-a-healthy-lifestyle-helps-reduce-the-risk-of-dementia>

Wodak, R. & Weiss, G. (2003.) Critical Discourse Analysis. Theory and Interdisciplinarity. Hampshire: Palgrave Macmillan. (pp. 12-15.)

Yle, (2019.) Uutiset: 25.01.2019. Valvira keskeytti Esperi Caren hoivakodin toiminnan Kristiinankaupungissa – yhden asiakkaan epäillään kuolleen hoitovirheen takia - Kaupunki vastaa nyt toistaiseksi hoivakodin toiminnasta. Retrieved April 18, 2019 from <https://yle.fi/uutiset/3-10615005>

Yle, (2019.) Uutiset: 16.02.2019. Hoitajat ja omaiset tekivät sata uutta valitusta, ja Valviran mukaan hoivakoteja saatetaan vielä sulkea – Näin hoivakriisi on edennyt - Valvira epäilee, että Kristiinankaupungin ja Alavuden tapaukset eivät jää viimeisiksi. Retrieved April 18, 2019 from <https://yle.fi/uutiset/3-10649175>

Rashidi, N. & Rasti, A. (2012.) Doing (in) Justice to Iran's Nuke Activities? A Critical Discourse Analysis of News Reports of Four Western Quality Newspapers. Shiraz University. American Journal of Linguistics 2012, 1(1): 1-9. DOI: 10.5923/j.linguistics.20120101.01

Remahl, J., Louhio, P., Silventoinen, I., Kämäräinen, N., Astre, T. & Haapamäki, E. (2017.) Suku, Sisu ja Sotu. Suomalaisen sosiaaliturvan historiaa. Helsinki: Kela. (pp. 28-36.)

Richardson, J. (2007.) Analysing Newspapers – An Approach from Critical Discourse Analysis. New York: Palgrave MacMillan. (pp. 29, 36-37.)

Sanoma Group, (2019.) Tietoa meistä. Retrieved October 5, 2019 from <https://sanoma.com/fi/tietoa-meista/>

SAK (Suomen Ammattiliittojen keskusliitto), (2019.) Ammattiliitot: Jäsenedut. Retrieved September 4, 2019 from <https://www.sak.fi/ammattiliitot/jasenedut>

SemiotiX, 2019. Semiotic Profile: Theo Van Leeuwen. Semiotix, A Global Information Magazine. Retrieved October 20, 2019 from <https://semioticon.com/semiotix/2013/12/semiotic-profile-theo-van-leeuwen/>

Shulz, A., Levy, D. & Nielsen, R. (2019.) Old, Educated, and Politically Diverse: the Audience of Public Service News. Reuters Institute Report, September 2019. University of Oxford: Reuters Institute for the Study of Journalism. (pp. 12.)

Stake, R. (2000.) The Case Study Method in Social Inquiry. In Gomm, R., Hammersley, M. & Foster, P. (Eds.) Case Study Method. London: Sage Publications. (pp. 24-25.)

SuPer, (2019.) SuPer-info. Retrieved October 7, 2019 from <https://www.superliitto.fi/super-info/>

SuPer, (2019.) SuPer vanhustenhoidossa: Hyvä vanhustenhoito ei ole säilytystä. Retrieved September 4, 2019 from <https://www.superliitto.fi/viestinta/vaikuttaminen/super-vanhustenhoidossa/>

SuPer, (2019.) Ilmianna haamuhoitaja: Teetkö myös haamuhoitajan työt? Retrieved September 4, 2019 from <https://www.superliitto.fi/viestinta/vaikuttaminen/teetko-myo-s-haamuhoitajan-tyot/>

SuPer, (2019.) Henkilöstö: Millä henkilökuntamäärällä eli hoitajamitoituksella pystytään vastaamaan autettavien tarpeisiin laadukkaasti ja turvallisesti, ja niin, että hoito- ja palvelusuunnitelmat toteutuvat päivittäin? Retrieved September 4, 2019 from <https://www.superliitto.fi/tyoelamassa/henkiloston-maara/>

Suvisalmi, S. (2019.) Uudenmaan Muistiluotsi: Vapaaehtoinen muistisairaana tukena (Lecture: 07/09/2019, Helsinki.) Muistiluotsi: Asiantuntija ja tukikeskusverkosto.

Sveriges Radio, (2011.) Elderly care scandals raises questions. (07/11/2011). Retrieved June 6, 2019 from <https://sverigesradio.se/sida/artikel.aspx?programid=2054&artikel=4787510>

Swain, J. & French, S. (1998.) Normality and Disabling Care. In Breching, A., Walmsley, J., Katz, J. & Peace, S. (Eds.) Care Matters: Concepts, Practice and Research in Health and Social Care. London: SAGE Publications Ltd. (pp. 81.)

Szebehely, M. (2018.) Nordic eldercare in the time of privatisation: Experiences from Sweden (Powerpoint slides, 02/03/2018). University of Stockholm, Department of Social work. Retrieved March 5, 2020 from https://www.jyu.fi/hytk/fi/laitokset/yfi/en/research/projects/agecare/szebehely_privatisation_helsinki_2018.pdf

Szebehely, M. & Meagher, G. (2017.) Nordic eldercare – weak universalism becoming weaker? Article for Journal of European Social Policy. (pp. 12-17.)

ATTACHMENTS

1. Articles in the data pool

List of articles analyzed below forming a timeline for the first week of the elderly care crisis reporting in Yle and Ilkka.

- ❖ 25.1.2019, Yle: Valvira stopped the care facility of Esperri Care from operating in Kristiinankaupunki – one resident suspected to have died due to malpractice – The city is for now responsible for operating the care facility (Valvira keskeytti Esperri Caren hoivakodin toiminnan Kristiinankaupungissa – yhden asiakkaan epäillään kuolleen hoitovirheen takia - Kaupunki vastaa nyt toistaiseksi hoivakodin toiminnasta) Retrieved from <https://yle.fi/uutiset/3-10615005>
- ❖ 26.1.2019, Yle: Resident safety has been endangered in many care facilities of Esperri Care – many cities have stopped placing residents due to serious problems (Asiakasturvallisuus on vaarantunut useissa Esperri Caren hoitokodeissa – monet kaupungit keskeyttäneet asiakkaiden sijoittamisen vakavien ongelmien vuoksi) Retrieved from <https://yle.fi/uutiset/3-10615846>
- ❖ 26.1.2019, Yle: The safety of the residents of the crisis ridden care facility Ulrika is now ensured, assures a representative of the municipality (Kriisiin joutuneen hoivakoti Ulrikan asukkaiden turvallisuus on nyt taattu, vakuuttaa kunnan edustaja) Retrieved from <https://yle.fi/uutiset/3-10615672>
- ❖ 26.1.2019, Yle: Acute crisis is on, resident safety endangered in care facility Ulrika – municipality took responsibility for the operations (Akuutti kriisi päällä, asiakasturvallisuus vaarassa hoivakoti Ulrikassa – Kunta otti toiminnan vastuulleen) Retrieved from <https://yle.fi/uutiset/3-10615672>
- ❖ 26.1.2019, Yle: Esperri Care admits to mistakes in care facility activities, hires more employees. Tehy: Esperri has problems in abundance. The worries and messages from the staff to the management have not been taken seriously enough, says the managing director Marja Aarnio-Isohanni. (Esperri Care myöntää virheet hoivakotitoiminnassa, palkkaa lisää työntekijöitä. Tehy: Esperillä runsaasti ongelmia. Henkilöstön huolia ja viestejä johdolle ei

ole otettu riittävän vakavasti, sanoo toimitusjohtaja Marja Aarnio-Isollahni.) Retrieved from <https://yle.fi/uutiset/3-10615684>

- ❖ 26.1.2019, Ilkka: Valvira stopped a private care facility from operating.(Valvira keskeytti yksityisen hoitokodin toiminnan) Retrieved from <https://digi.ilkka.fi/ilkka/2567/3/?gatoken=dXNlc9pZD01ZDZlODU3NTBmYTJjM2ZmMW5YjdjOWQmdXNlc9pZF90eXBIPWN1c3RvbQ%3D%3D&query=ulrika>
- ❖ 27.1. 2019, Ilkka: Esperri Care promises to hire more staff to the care facilities (Esperri Care lupaa palkata lisää väkeä hoivakoteihinsa) Retrieved from <https://digi.ilkka.fi/ilkka/2568/?gatoken=dXNlc9pZD01ZDZlODU3NTBmYTJjM2ZmMW5YjdjOWQmdXNlc9pZF90eXBIPWN1c3RvbQ%3D%3D>
- ❖ 28.1.2019, Yle: Shortages that were revealed in Kristiinankaupunki case confusion and disappointment – ”We have been disheartened by suspicion (Vanhustenhoidossa paljastuneet puutteet aiheuttavat Kristiinankaupungissa hämmennystä ja pettymystä – ”Meitä on kalvanut epäily”) Retrieved from <https://yle.fi/uutiset/3-10617148>
- ❖ 28.1.2019, Yle: Broad investigation by Yle reveals austere practices in Esperri Care’s care facilities: those who have fell down from the bed were left on the floor, care facility occasionally had no care workers present. (Ylen laaja selvitys paljastaa Esperri Caren hoivakotien karuja käytäntöjä: sängystä pudonneet jätetty lattialle, hoivakoti välillä ilman hoitajaa) Retrieved from <https://yle.fi/uutiset/3-10617945>
- ❖ 28.1.2019, Yle: In the midst of the care scandal Esperri is growing rapidly and operating at loss – No taxes have been paid to Finland during the last years (Hoivaskandaalin keskellä oleva Esperri kasvaa kovaa ja tekee tappiota – Suomeen ei ole maksettu veroja viime vuosina) Retrieved from <https://yle.fi/uutiset/3-10616935>
- ❖ 28.1.2019, Ilkka: Regional State Administrative Agencies: Too few care workers in Teponkartano (Avi: Teponkartanossa liian vähän hoitajia) Retrieved from <https://digi.ilkka.fi/ilkka/2569/?gatoken=dXNlc9pZD01ZDZlODU3NTBmYTJjM2ZmMW5YjdjOWQmdXNlc9pZF90eXBIPWN1c3RvbQ%3D%3D>

- ❖ 29.1.2019, Ilkka: The management sector did not come to clarify the situation (Johtoporras ei tullut selvittämään tilannetta) Retrieved from <https://digi.ilkka.fi/ilkka/2570/?gatoken=dXNlc9pZD01ZDZlODU3NTBmYTJjM2ZmMWM5YjdjOWQmdXNlc9pZF90eXBIPWN1c3RvbQ%3D%3D>

- ❖ 30.1.2019, Yle: This is how everything happened in Kristiinankaupunki – avoidance of responsibilities and disregard was revealed from the background of terminating the operations of care facility run by Espero (Näin kaikki tapahtui Kristiinankaupungissa – Esperon hoivakodin toiminnan keskeyttämisen taustalta paljastuu vastuunpako ja piittaamattomuutta) Retrieved from <https://yle.fi/uutiset/3-10621042>

- ❖ 30.1.2019, Yle: Finnish Institute for Health and Welfare: Care places for the elderly are occupied by those who are more difficult to care for – hundreds of care facilities have difficulties coping with the new situation (THL: Vanhusten hoitopaikat täyttymässä vaikeammin hoidettavista – sadoilla hoitopaikoilla vaikeuksia selvitä uudesta tilanteesta) Retrieved from <https://yle.fi/uutiset/3-10621048>

- ❖ 30.1.2019, Yle: Opposition is getting organized for a common interpellation about the state of elderly care (Oppositio kokoaa rivejään yhteiseen välikysymykseen vanhustenhoidon tilasta) Retrieved from <https://yle.fi/uutiset/3-10620549>

- ❖ 30.1.2019, Ilkka: Espero did not surprise an ex-inspector (Espero ei yllättänyt ex-valvojaa) Retrieved from <https://digi.ilkka.fi/ilkka/2571/?gatoken=dXNlc9pZD01ZDZlODU3NTBmYTJjM2ZmMWM5YjdjOWQmdXNlc9pZF90eXBIPWN1c3RvbQ%3D%3D>

- ❖ 31.1.2019, Yle: Smiley faces for residential care facilities? The authorities are planning for a public register, where the quality of social and health services can be checked (Hymynaamoja hoivakodeille? Viranomaiset suunnittelevat julkista rekisteriä, josta voi tarkistaa sotepalveluiden laadun) Retrieved from <https://yle.fi/uutiset/3-10623921>

- 31.1.2019, Ilkka: A family member faced by a shocking sight after Christmas in Ulrika (Omaista kohtasi järkyttävä näky joulun jälkeen Ulrikassa) Retrieved from <https://digi.ilkka.fi/ilkka/2572/?gatoken=dXNlc9pZD01ZDZlODU3NTBmYTJjM2ZmMWM5YjdjOWQmdXNlc9pZF90eXBIPWN1c3RvbQ%3D%3D>

2. The example article translated

Valvira stopped a private care facility from operating. Valvira: The care facility has been in crisis since the beginning of the year. One resident is suspected to have died due to malpractice (Valvira keskeytti yksityisen hoitokodin toiminnan. Valvira: Hoitokoti on ollut kriisissä vuoden alusta lähtien. Yhden asiakkaan epäillään kuolleen hoitovirheen takia. Kristiinankaupunki) published on the 26th of January 2019 in Ilkka.

Kristiinankaupunki

Finnish News Agency STT

The reasons behind stopping the private care facility from operating in Kristiinankaupunki were serious grievances and neglect.

Valvira, the National Supervisory Authority for Welfare and Health decided to stop Esperi Care company from operating at Ulrika care facility on Thursday. The incident gained public attention on Friday. The responsibility for care has been transferred to Kristiinankaupunki.

One person is also suspected to have died due to malpractice, confirms Reija Kauppi, the lawyer of Valvira.

-The death of a resident who lived at the care facility occurred last autumn. The information came from the ombudsman of social affairs to the Regional State Administrative Agency. We do not have any more detailed information about the incident but there are some neglect concerning the operating of the facility have surfaced, Kauppi tells.

The death case was reported about earlier on by Helsingin Sanomat. After an announcement from the ombudsman of social affairs the Regional State Administrative Agencies of West and Inland Finland engaged in supervising actions.

Valvira told STT (Finnish News Agency) on Friday, that the biggest problem in Ulrika care facility has been insufficient numbers of care workers and lack of a responsible person. A responsible person accounts for the lower managerial tasks in the care facility.

-The responsible person has the best information about the care needs of the residents and how many care workers there needs to be present at the care facility, Kauppi tells.

According to Kauppi, the care facility has been on a crisis since the beginning of the year, even though at times there has been help in the form of substitute workers from another facility.

The situation has been so acute, that there has been a need to keep the doors of the residents living in a care facility locked. There have not been enough care workers to look after the residents.

There has also been a need to transfer residents to the health care centre or the rehabilitation ward because there has been no guarantee for the ability to provide them with the care that they would have needed.

Neglect and the insufficient staff numbers have caused problems among other things in the assessment of care needs, basic care, medical care and the information regarding care of the residents in the care facility.

The basic security director of Kristiinankaupunki, Christian Lindedahl is not commenting on the death case, but he told the STT on Friday that the city has taken over the care responsibilities of the facility.

Emergency response is to have staff from the city of Kristiinankaupunki present during all the shifts and they are responsible for the care given.

Elderly people and people with memory disorders have been cared for at the facility.

Valvira currently investigates all the operations by Esperri Care company. Valvira has received information about problematic cases in tens of facilities from an area covered by several different regional state administrative agencies.

-All the notifications that we have received are to a large extent concerning the same problems, for example, these insufficient numbers of care workers. We are not finished processing this issue, Kauppi of Valvira notes.

Esperri Care did not comment on the issue for STT at all on Friday.

FACT: Esperri Care has care facilities around Finland

- Esperri Care is a private care and health care company that among other things offers residential living and residential care for elderly people, people rehabilitating from mental health or substance abuse problems and for the customers of disability services. Additionally, the company operates child protection services.
- The company has care facilities around Finland.

- It has 8 000 placements for residents and over 6 000 employees, from which the majority are nurses and practical nurses.
- Esperri Care was founded in 2001. The general manager of the company is Marja Aarnio-Isohanni. (STT)

The basic security director of Kristiina: The caring responsibility of the care facility for the city
Olli Pursiainen

The care of the residents of Ulrika has been transferred by Valvira's decision to the city of Kristiinankaupunki until Valvira decides otherwise. The manager is the basic security director of Kristiinankaupunki, Christian Lindedahl.

All the customers from Kristiina (17) will stay in Ulrika. Customers from Kaskinen have been or will be picked up, Lindedahl says.

According to the basic security leader, the day to day life of residents at the care facility will go on as usual.

-There are enough care workers in each shift. If additional help is needed, it will be available from the health care centres of Kristiina.

-The families of the residents do not need to worry, the care is adequate, he adds.

Lindedahl tells, that the residents, staff and families of the residents have been informed about the situation. Additionally, there will be an info event for the families at week 6.

Esperri representatives arrived in Kristiinankaupunki on Monday to discuss the follow-up.

Residents from Kaskinen were getting picked up from Ulrika care facility on Friday afternoon. Alf Edberg from Kaskinen had arrived to pick up his mother.

-I received a phone call at 11 am that I must pick up my mother at 3 pm. She has been here for three years.

The general inspector of Valvira: An exceptional case

Liisa Soramo

The general inspector Elina Uusitalo tells that stopping the care facility from operating has been an exceptional case.

-The first instance where a national service providing care facility operating with permission from Valvira's social services department has been given an order to discontinue from operating, she notes.

According to Uusitalo, there have been no shortcomings in the facility as a space for providing care services.

The facility is a good place to provide services. The flaws are in the content of the activities. The flaws are so comprehensive, that they need to be fixed before the operating can continue, Uusitalo says.

This is a case of stopping the operations, not about cancelling the permit at least at this point, she emphasizes.

-The order for the discontinuation of the operations is active until further notice. Valvira is unravelling the abilities of the service provider to continue working at the care facility. According to a clarification, there is a need to assess the possibilities to continue with service provision.

In the order of Valvira, there is no deadline for fixing the shortcomings according to Uusitalo.

Inadequate staff numbers have led to practices in the care facility that are unlawfully restricting the right to self-determination of the residents, according to Uusitalo. Additionally, there have been shortcomings in medical care.

-There has been no responsible person, who would have been managing the care facility competently and which is required in the permit, Uusitalo tells.

According to her, the care facility has been lacking a competent, responsible person since January.

At the web page of the care facility, there is a description of a care facility being targeted for the elderly people and people suffering from memory disorders. The care facility was opened at the end of the year 2016. The care facility has provided a home altogether for 32 adults in need of care round-the-clock.

-In addition to permanent residential services, short term residential services are provided too according to the web page.